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ABSTRACT

Presented is the first of two volumes on evaluation findings for a preschool handicapped project with six objectives--to create public awareness on available services; to identify and locate all handicapped children, ages 0 to 4 years, 7 months; to provide diagnostic evaluation services; to provide preschool programs as a special target area; to develop and maintain a child tracking system; and to provide resource information to all agencies and individuals concerned with the child's welfare. Sections are given to information on target service groups (approximately 234 children), paid and nonpaid personnel, activities (which included language stimulation training for parents), evaluation procedures (including staff meetings for internal evaluation and interviews with parents for external evaluation), evaluation results (such as that the tracking system seemed to work effectively in keeping tabs on key dates in the processing of each child) relating to each program objective, elimination of gaps or weaknesses, and information dissemination. Appendixes make up the bulk of the document and include an excerpt from state reporting requirements; copies of advertisements placed in mass media outlets, and forms, letters, and brochures from the mass media awareness campaign. (SB)

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FINAL REPORT

EVALUATIVE FINDINGS ON "A PLAN FOR INITIATION OF SERVICES TO HANDICAPPED CHILDREN NOT PREVIOUSLY SERVED": A PRESCHOOL PROJECT OFFERING AWARENESS, EVALUATION, CHILD TRACKING, AND EDUCATIONAL SERVICES

by

Robert H. Leiss

Barton B. Proger

Funded Under Education for the Handicapped Act

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Vol. 1 of 2

MONTGOMERY COUNTY INTERMEDIATE UNIT 23
Dennis U. Harken, Ph.D., Executive Director
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Section 2: Abstract

The preschool handicapped project addressed six objectives: (1) to create public awareness on available services; (2) to identify and locate all handicapped children, ages 0 to 4 years, 7 months; (3) to provide diagnostic evaluation services; (4) to provide preschool programs as a special target area; (5) to develop and maintain a child tracking system; and (6) to provide resource information to all agencies and individuals concerned with the child's welfare. To implement these six major objectives, the following respective activities were carried out: (1) releases to all major news media, brochures, and question-and-answer service; (2) use of district census results, in-depth Intermediate Unit survey of all agencies with preschool contacts; (3) project psychologist and contracted services; (4) hearing impaired, self-contained class, and language stimulation training for parents of all exceptionalities; (5) use of case manager to monitor each child's progress; (6) use of information manager in gathering, maintaining, and disseminating information on available services to all parties who deal with a given child. A detailed discussion of the operational problems, weaknesses, and strengths encountered in this first year of preschool handicapped operations was given. The results of a state-mandated, third-party evaluation visit were presented, as well as the internal, project-arranged, self-evaluation. Detailed curricular and case-study material from the preschool hearing impaired class was presented, which can be compared with an earlier preschool hearing impaired report (Leiss & Proger, 1975, ED-116-375).

Section 3: Acknowledgements

This report represents in many cases the culmination of an entire year's worth of effort in the preschool handicapped area. Mrs. Lottie Porter has served as both the supervisor of the case manager and as continuing consultant to many aspects of the awareness, identification, location, verification, and tracking system components of the project. She brings many years of previous experience in this area at both the state and local levels. Mrs. Ann Kauffman has watched over the psychological services component quite ably and has raised many crucial issues that have refocused the project's efforts. Mr. David Shiery has filled multiple job roles as case manager, public relations representative, and social worker. He has put forth a desirable image of the project in the eyes of the many other service agencies which relate to the preschool area, as well as establishing the initial, detailed contact of the project with the parents. Mrs. Janet McBride has labored unceasingly on behalf of the hearing impaired class which she supervised, as well as the many activities she set up for the parents of those children. Mrs. Kathleen Bachus, teacher of the hearing impaired class, has gone to great lengths in devising new and stimulating activities for her preschool students; her many curricular contributions are contained in later sections of this report. Ms. Jean Kern carried out quite ably the task of conducting several parent training sessions in early childhood development. Mrs. Leslie Gerhard contributed to the project as Information Manager, as did Mr. Robert Sacks as a psychologist. Dr. Ronald Fischman, Director of Psychological Services for the Intermediate Unit, and Mr. Marshall H. Siegel, Assistant Director of Speech, Language, and Hearing Services, contributed in many ways toward making the project a more viable service agency.

Dr. Dennis Harken, Executive Director of the Intermediate Unit, and Dr. Lester Mann, Director of Special Education, have both given valuable advice and continuing support throughout the 1975-1976 project year. Mrs. Marjorie Simons and Mrs. Esther Markley of

Intermediate Unit's Federal Projects Accounting Office have provided constant support in assisting with the financial management of the project. Valuable background information was provided several times during the planning of this project by Research and Information Services for Education (Mr. Richard Brickley, Director; Mrs. Carolyn Trohoskie, Assistant Director) and by Pennsylvania Resource and Information Center for Special Education (Dr. Robert L. Kalapos, Project Director; Mrs. Kathleen S. Ewell, Assistant Director; Mrs. Shirley Pinto, Project Associate; Mrs. Donna Cohen, Project Associate).

At the state level (Bureau of Special and Compensatory Education), Dr. Gary J. Makuch, Director, and Dr. William F. Ohrtman, Special Education Chief, have offered consultation at various times. Ms. Elaine Gilvear, Adviser in Federal Projects; Mr. Carl Thornton, her assistant; and Mr. H. Eugene Hobaugh, Financial Analyst with Federal Projects; have all provided continuing support and guidance. Mr. Fred Davis, of Project CONNECT, has also given valuable advice at several times in the project's operations.

Gwynedd-Mercy College made a substantial contribution to the project in allowing its normal preschool Hobbit House setting to serve as a vehicle for guided integration activities for the hearing impaired children of this project's class. For this the project staff is indebted to Sister Marie Madelaine and others at Gwynedd-Mercy College, who have all helped to make this year's efforts for the hearing impaired a success.

Section 4: Overview of Report Organization

Appendix A provides an excerpt of the Pennsylvania reporting requirements for EHA Part B projects (memorandum of February 13, 1976, from Dr. Gary J. Makuch, Director, Bureau of Special and Compensatory Education). The authors of this report have provided not only the required information, but also quite a bit additional documentation in the hope that it will help others engaged in similar efforts.

When one compares the Table of Contents with Appendix A, he sees that the current report has been reorganized somewhat to allow for greater coverage of material. The changes are obvious and no more need be said here.

Section 5: Major Objectives

There are six major objectives to this project:

1. To achieve public awareness of programs and services available to unserved handicapped
2. To identify, locate, and classify by age and service provision all handicapped persons between birth and age 4 years, 7 months
3. To provide multi-disciplinary, comprehensive, and ongoing diagnostic and evaluation services to all handicapped children and youth, which will result in the development and/or revision of individualized educational program plans
4. To provide comprehensive preschool programs and services for a large number of handicapped children which are devised in such a manner as to assure the achievement of full potential and which incorporates the concept of normalization
5. To develop and maintain a child tracking system that assures the continuity of services and/or programs to the individual child and which will comply with the requirement on confidentiality of records
6. To develop, maintain, and make accessible to each provider of programs and services information on resources available for providing these programs and services (identification, diagnosis, and prescriptive program) to all handicapped children in the Intermediate Unit

Section 6: Target Service Groups

This project was designed to serve all preschool handicapped children, ages birth to 4 years, 7 months. All preschool handicapped children who were referred to, or located by, the project were eligible for service as far as resources permitted. At the minimum, this would have included the tracking services: awareness, location, and identification. From that baseline of services, a child might receive comprehensive evaluation services and, if hearing impaired, actual educational services.

On the basis of start-of-the-year estimates of preschool handicapped children yielded by the annual public district census forms, it was anticipated that 284 children were eligible:

Exceptionality	0 - 2 years	3 - 5 years
Trainable Mentally Retarded	3	13
Educable Mentally Retarded	9	29
Learning Disabled	21	44
Emotionally Disturbed		49
Crippled	1	4
Visually Handicapped		2
Hearing Impaired	1	4
Speech Impaired	15	89
Total	50	234

The actual numbers of children who were served will be discussed later.

Section 7: Personnel

A. Paid Personnel

Employee	Position	Areas of Expertise
Mr. David Shiery	Case Manager	Coordinating child tracking system; conducting confidential parent interviews
Mrs. Leslie Gerhard	Information Manager	Coordinating awareness campaign; assisting in location and identification
Mrs. Bernadette McMenamin	Information Specialist	Assisting information manager
Ms. Carol Shuback	Information Specialist	Assisting information manager
Mrs. Kathleen Bachus	Teacher of the Hearing Impaired	Instructs students in the hearing impaired preschool class
Mr. Robert Sacks	Psychologist	Performs diagnostic evaluations on students

B. Nonpaid Personnel

Dr. Lester Mann	Director of Special Education	Overall program guidance, as well as advice in psychological services
Dr. Robert H. Leiss	Assistant Director of Special Education and Director of this current project	Serving as Project Director, as well as guidance in implementing preschool program activities
Dr. Barton B. Proger	Coordinator of Federal Projects and Program Evaluation	Program evalustion, child tracking, confidentiality, and assistance to Project Director in federal project procedural matters

Mrs. Lottie Portor	Social Worker	Supervision of Case Manager and guidance in planning and implementing awareness and child tracking efforts
Mrs. Janet McBride	Supervisor of Speech and Hearing	Program implementation, especially the hearing impaired class
Ms. Jean Kern	Educational Advisor in Speech and Hearing	Program implementation, especially the parent training activities
Dr. Ronald Fischman	Coordinator of Psychological Services	Consultation on deployment of psychological services
Mrs. Ann Kauffman	Psychologist	Technical assistance in psychological services

Section 8: Activities

The pivot point around which all the findings of this report revolve is the set of activities devised to implement the six major objectives of this project. Before one can comprehend the detailed evaluation results, he must first be aware of how the project was conducted. In this section the chief activities that were used in conjunction with each of the six objectives will be briefly described, using extensive appendix material wherever appropriate.

Objective 1 (Awareness Campaign): One of the first activities undertaken under the project was to attempt to create awareness of the project in as many individuals as possible. One manner in which this was done was to run mass-media advertising campaigns at both the start and end of the project year. Appendix B shows the ad that was run in several papers, as well as being broadcast by radio and television. Appendix C provides a synopsis of the initial awareness campaign that began in December; a similar mass-media campaign was also carried out late in the project year, but is not given in the appendices. Appendix D contains specific newspaper instances of the ad given in Appendix B.

One of the major vehicles for creating awareness was a brochure created for the use of parents: "Early Warning Signs." (See Appendix E). This brochure was designed for multi-purpose dissemination: to all households during the annual district census wherever a preschool child is present, to the general public in major gathering places (supermarkets, banks, hairdressers, etc.), to public school and Archdiocesan school officials for distribution at certain crucial times (such as at start-of-school registration), to related service agencies with which the project comes into contact, and so on. The language of the brochure has been deliberately kept nonthreatening and indirect; the concept of "handicapped" has been kept to a minimum and laymen language has been used throughout.

Another aspect to the awareness campaign was the informational releases given to local papers by a joint effort between the local project and the state's special coordinating unit, Project CONNECT.

Appendix F contains this material, which gives the general readership a broad overview of preschool efforts across the Commonwealth of Pennsylvania.

Finally, some informational releases were given out directly by the project itself. Two instances of such releases are given in Appendix G, both of which dealt with the hearing impaired class. In the one case, the activities of the PHIL group are described (Parents of Hearing Impaired League), while in the other case the actual hearing impaired class is described with regard to its portion of time devoted to integrated activities at Gwynedd-Mercy College. A television news spot was also devoted to this class.

Objective 2 (Identification and Location): Children were "located" in many different ways: referrals by Intermediate Unit staff, referrals by parents, referrals by related service agencies, referrals by local school districts, and so on. Initial demographic background information ("identification") was then taken down by the Information Manager on forms designed for this purpose (see Appendix H). The information so gathered was then handed over to the Case Manager.

The next step in rendering service to the suspected preschool handicapped child is to have the Case Manager visit the parents to take down a confidential family history. Appendix I contains this form.

Objective 3 (Diagnostic and Evaluation Services): After a child of preschool age has been located and identified, he is sent for diagnostic evaluation to "verify" whether or not he does in fact have a handicapping condition. The project psychologist handles this phase, in conjunction with the Case Manager and his background information. Appendix J provides an activity log of the activities associated with the psychological services division of the project.

Objective 4 (Programs and Services): During the 1975-1976 year, all activities were in their infancy and a gradual approach to growth had to be taken. The one group of preschool handicapped children

that could be readily identified at the time of startup of project operations was the hearing impaired. Further, it was decided by the Intermediate Unit staff that hearing impaired children should have the highest program priority because the lack of early stimulation and intervention would practically eliminate their ever being integrated with their age peers when they achieve school age. The hearing impaired children have the most potential for being reintegrated and at the same time their developmental lags could be among the largest sizes if early intervention does not occur. Also effecting this decision was the fact that one of the largest groups of preschool handicapped (the retarded) were already being programed by an existing agency (Montgomery Association for Retarded Citizens).

Appendix K contains a preliminary plan for the hearing impaired class devised by Mrs. McBride (Intermediate Unit Supervisor of the Hearing Impaired) and sent to Dr. Leiss, Project Director. The final plan adopted involved 8 children. An alternating-day scheme of "guided integration" was employed. In particular, four of the eight children (the four-year-olds) attended the integrated setting at Gwynedd-Mercy's Hobbit House three days a week in the morning and the other two alternating days they attended the Lansdale Hearing Impaired School's structured class activities. On the opposite days, the four younger children (the three-year-olds) attended Gwynedd-Mercy two days a week in the morning and Lansdale in the afternoon on the other three alternating days. Whenever a child was at Hobbit House in the integrated setting, the child attended both free-play and structured activities with his normally hearing peers; the teacher of the hearing impaired was present during the Hobbit House morning sessions. In the afternoon sessions at Lansdale, the teacher of the hearing impaired presented structured lessons dealing with developmental activities, but only in the segregated setting of the hearing impaired class; these lessons not only introduced new concepts but also reinforced material learned at Hobbit House. The main advantage of the integrated setting at Hobbit House was the social integration and language

stimulation gotten from the normal children.

Apart from the hearing impaired class, no other direct program services could be given to preschool handicapped children due to the size of the budget. Therefore, to have an impact upon as many preschool handicapped families as possible, a series of parent training workshops were set up throughout the county. A total of seven, three-day sessions was held. The first two days were spent on normal speech and language development, while the third day of each session was devoted to typical problems that could arise. In this manner, the parents received an adequate introduction to how abnormal speech and language problems arise and some hints as to what can be done to alleviate such problems. Appendix L contains a brief summary of the seven sessions.

So that the reader will better understand how the hearing impaired class was conducted the following details are provided. It has already been explained how each child had an alternating-day schedule both with regard to AM versus PM and with regard to Hobbit House enrichment activities versus Lansdale School structured learning. Thus, a given child had only about three hours of activity on any given day, and depending on age either had three days of Lansdale with two interspersed days of Hobbit House, or three days of Hobbit House with two interspersed days of Lansdale. Hobbit House had four rooms: a play room with small toys, a play room with large objects, an art room, and a house/kitchen type of room. At Hobbit House, from 9:00 AM to 9:50 AM was free play, from 10:00 AM to 10:15 AM was large-room activities and from 10:15 AM to 11:45 AM was the special subgroup activities sessions. The first two time slots were for all children (30 normal hearing and 8 hearing impaired) together; the third session saw 3 or 4 normal hearing children interspersed with the 8 hearing impaired children to experience some common set of activities, while the other 26 normal hearing children went off to a group unto themselves (the 3 or 4 normal hearing children put into the hearing impaired group during the third time slot were rotated so as to give everyone a chance). The third

time slot at Hobbit House was divided into a language/game activity for about 7 to 10 minutes, a snack phase, toileting, and a motor activity or story. On the other hand, the Lansdale afternoon sessions were attended only by the hearing impaired children. From 1:00 PM to 1:20 PM was a free-play period, from 1:25 PM to 1:35 PM was a period devoted to mathematics/language activities, and then finally switching to auditory training (listening to records, rhythm, nursery rhymes, music to tell a story, awareness of names and vocabulary, etc.). Some examples of the curriculum used in the hearing impaired class are given in Appendix W.

The parent training activities were spread over three weeks, with one 2-hour session per week. The first week covered normal speech and language development from birth to the second year of a child's life, the second week did likewise from the third year to the fifth year, and the third week discussed possible difficulties, as well as what might happen beyond age 5.

Objective 5 (Child Tracking System): Part of the philosophy behind the preschool project was to prevent children from falling by the wayside administratively as they are processed from point of initial location identification down to final placement in programs or assignment to services. A mechanism is necessary for recording crucial dates as to when the main events were achieved along the continuum of child processing. Then, by continuously reviewing the dates in the system, one can see if too much turn-around time is being taken between successive events leading to ultimate program placement and/or rendering of services.

For the 1976-1977 year of this project, plans have been made to attempt computerization of the tracking system. Appendix M contains a brief description of what a tentative system might include. Appendix N provides a partial listing of the children who have entered the tracking system.

Objective 6 (Providing Resource Information): The Information Manager is responsible for providing information of a general type

to all who ask what programs and/or services are available in the different exceptionality areas. In some cases this consists of nothing more than a ready-reference type of response, whereby verbal feedback is given to the requestor on the spot. At other times, written information is given to the parents. Appendix O contains a collection of brochures that were often used in this dissemination effort. Occasionally special informational releases were prepared for various agencies; Appendix P gives such an example.

Other manners of interpreting the release of resource information are the efforts of the Case Manager and the Psychologist. The Case Manager provided resource information to parents on what outside agencies and programs existed which might be appropriate to their needs. The Psychologist likewise provided such resource information to parents (along with educational programing resource information) at the parent feedback conferences that concluded the diagnostic evaluation process. During the earlier part of the 1975-1976 year, the Case Manager undertook a detailed survey of all related service agencies not only to learn what services were offered but to also apprise them of this project's efforts. Appendix Q shows the data collection form used for this survey, while Appendix R lists the agencies contacted.

Section 9: Evaluation Procedures

The project evaluation efforts can be grouped under two main headings: internal and external. The internal evaluation was that which was voluntarily arranged and conducted by Intermediate Unit staff, while the external evaluation was mandated by the state Division of Special Education and conducted by a private consulting firm, the Institute for Educational Research of Philadelphia. For purposes of discussion, the procedures can be outlined as follows:

A. Internal Evaluation
   1. Formative Evaluation
      a. Staff Meetings
      b. Ad Hoc Small Group Discussions
      c. Year-Round Individual Efforts to Debug, Self-Evaluate, and Change
   2. Summative Evaluation
      a. Descriptive Data (Objective)
      b. Parent/Consumer Opinions (Structured Interviews)
      c. Staff Opinions (Structured Interviews)

B. External Evaluation
   1. Interviews with Project Staff
   2. Interviews with Parents
   3. Data Collection

The external evaluation was conducted from outside the project, and thus not all details were known as to how the process was planned by the private firm. However, a few details can be mentioned at the project end. Intermediate Unit staff set up an itinerary of sites to visit and people to interview. In particular, the outside evaluators began by interviewing the project director and then proceeded to visit the Hobbit House and Lansdale split-day classroom locations of the hearing impaired class; the teacher of the hearing impaired was interviewed at this time.

Parents of children in the hearing impaired class were also interviewed, as were additional staff members of the project: Case Manager, Information Manager, Psychologist, and Supervisor of the Hearing Impaired class. A report was then compiled and given to the state.

The internal evaluation, of course, was the one that the project staff had complete control over and which had the most thoroughness due to the continual collection of data throughout the year. The formative evaluation phase was probably the most useful activity of all in that immediate use was made of the data and opinions to make changes in the project's operations. The three methods of formative feedback/evaluation are self-explanatory and no more will be said here.

The internal evaluation's summative phase is the one that will be given most attention here because it not only reflects the final status of the project but also forms a type of formative evaluation base for planning for the 1976-1977 activities. Thus, this type of data is summative in the short-range sense and formative in the long-range planning sense. Three different types of internal, summative evaluation were implemented. First, various types of objective data were collected on different phases of the project (performance data on the hearing impaired children, summaries of the number of children served, and so on). Second, structured interviews were held with parents of children who were in the hearing impaired class; many different aspects of the project apart from the class itself were covered in these interviews. Third, detailed, structured interviews with project staff covered all aspects of project operations.

Appendix S describes the general reporting procedures used in the hearing impaired class. The Schaumburg Early Education Center's procedures for recording developmental milestones were used. Appendix T contains a brief description of the external on-site evaluation conducted by the team from the Institute for Educational Research.

The overall, internal project evaluation was overseen by the Intermediate Unit's Coordinator of Program Evaluation Services (Dr. Proger). The objective data on the hearing impaired classroom was gathered by Mrs. Kathleen Bachus, while the objective data on the parent training sessions was gathered by Ms. Jean Kern. Dr. Proger interviewed all staff (Dr. Leiss, Mrs. Porter, Mrs. Kauffman, Mr. Shiery, Mrs. McBride, Mrs. Bachus and Ms. Kern). Dr. Proger also interviewed the hearing impaired class parents (a total of 5 of the 8 parents).

Section 10: Evaluation Results

Section 9 presented the general evaluation framework within which feedback on all aspects of the project was obtained. In this section the actual evaluation results will be presented for each of the six components of the project. With regard to the internal evaluation, the three types of summative evaluation techniques (descriptive data, parent/consumer opinions, and staff opinions) have been applied to each component wherever appropriate; the formative evaluation data will not be presented because of the sheer bulk of it. The external evaluation results are presented in Appendix U. The remainder of this section will now concentrate on the internal summative results.

Objective 1 (Awareness Campaign): Descriptive data has already been covered in connection with Appendix C. Parent/consumer feedback revealed some interesting aspects as to how parents react to awareness ads in the media. One of the most analytical parents interviewed said she employed two criteria: cost arrangements of the advertized services, and reputation of the agency itself. As a group, the parents felt that the concept of "Intermediate Unit" did not seem like any public school agency, which is what they would be searching for.

Staff opinions revealed several different aspects to awareness campaigns. Generally, the staff felt that a more aggressive campaign should have been waged. One suggested that at the outset, when a parent first has contact with the project, no false hopes should be built up; the limits of the service should be clearly spelled out. Related service agencies had been well covered, and important contacts with the Archdiocesan school operations were established. On the other hand, many target groups had not been hit enough: the medical world, regular nursery schools, and public gathering places (literature left in supermarkets, banks, barber shops, and so on). It was also clear that the majority of the project's referrals did not come from the mass media campaign

that had been mounted.

Objective 2 (Identification and Location): Descriptive data is given in Appendix V. That appendix contains two parts; the first part is a report on the number of children identified as of July 1, 1976 (187), and as of August 1, 1976 (204). The second part of the appendix contains a racial/ethnic breakdown as of May 1, 1976.

The parents/consumers were not queried on this topic, since they would have no perspective from which to view the results.

All staff members felt that the number of children located and identified should have been higher as a result of the awareness campaign. One staff member pointed out that the identification of 187 children was quite respectable when one compared the performances of other similar agencies in the Montgomery County area.

Objective 3 (Diagnostic Services): Descriptive data has already been discussed in connection with Appendix J. Of 186 children listed there, 43 were given psychological evaluations. Further, some specialized evaluations were also performed: visual, 3; speech, 15; hearing, 2. Considering the late start of this project (November, 1975, as far as actual referrals are concerned), the number of actual evaluations is on target. Appendix J also contains the original date of referral, the date the Case Manager visited the parents, and the source of the referral.

The parents of the hearing impaired were not asked about the evaluations, nor did they offer any feedback on this topic.

Staff reactions to the diagnostic services have been very favorable. The staff feels that the number of evaluations completed, in effect, in only half a school year was adequate. Because of the peculiar difficulties in getting an accurate "reading" of a child's behaviors and competencies at this young age, some staff felt a diagnostic center would be of help. Children could not only come to the center for routine psychological evaluations and other specialized evaluations, but could also be placed into

diagnostic trial teaching settings to determine the feasibility of the tentative programing ideas. The concept of a diagnostic center is one which appears to be possible, both from a facilities standpoint and a staff standpoint. A big advantage to the diagnostic services was the chance to observe the children in several different settings (e.g., nursery schools, private agency programs). Being able to discuss any type of specialized problem with any one of a number of existing Intermediate Unit staff members greatly enhanced the capabilities of the project staff. The project was also fortunate in being able to bring in outside consultants, to help speed up evaluations (Dr. Joseph Rosenfeld, Dr. Ralph Blanco, Dr. Allan Newcomer, and Dr. David Massari). On the other hand, the staff also saw some areas of possible change. Facilities for conducting the evaluations left much to be desired, both at the Special Education Center and at other locations. Arranging for specialized outside evaluations often posed problems. For instance, agreeing on fees and also finding a suitable geographical location was a dilemma for neurological evaluations, while parents often were slow in following through with optometric evaluations.

Objective 4 (Preschool Programs): There were two main program offerings during 1975-1976: the hearing impaired class and the parent training sessions. Objective data on the hearing impaired class is given in Appendix W, which contains the end-of-year summary reports for those children (this data is presented in the case-study fashion given in Appendix W, since statistically aggregating the data in any way is grossly distorting with such a small number of children and such wide variability). Objective data for the parent training sessions is given in Appendix X. The material in both appendices is self-explanatory and no more will be said here.

As one might expect, the vast bulk of the parent/consumer evaluative feedback dealt with programs. In particular, since only the parents of the hearing impaired were interviewed, this program data pertains only to that class. One fact that struck

the evaluator in sifting through the parent data was the general consistency of some of the views presented (usually, when one interviews a group of people on an area, he winds up with a disparate group of splinter opinions, rather than a coherent whole). One of the concensus opinions regarded the changing orientation of program delivery models for the hearing impaired coinciding with the changing ages of the children. In particular, for the youngest children (birth to perhaps age 2) a homebound program of instruction to both the child and his mother was most appropriate. The homebound instruction provides a secure structure for the child in a one-to-one setting and yet allows for the gradual introduction of formal instruction. At the same time, the mother has a chance to acclimate herself to the child's condition and to get guidance in what types of language stimulation activities can be carried on in the home setting. Then, as the child becomes older (approaching 3), he can be introduced to the formal school setting in a small-group structure. This in turn would gradually pave the way for integration into the regular school-age settings. Consequently, the mother who had the fortune to be involved in the homebound program during a previous special federal project (1974-1975; see Leiss & Proger, 1975, ED-116-375) felt that very young hearing impaired children now entering the preschool scene would be at a disadvantage in that the homebound services are not currently offered. Some parents felt that the older preschool children could stand more than just half-a-day of instruction. The fact that transportation was not provided posed a problem, but the parents said the program was worth the inconvenience and felt that most parents would react similarly. The parents felt that the criterion-referenced system of narrative reporting at mid-year and end-of-year points was sufficient communication about the children's progress. The parents also felt the total communication orientation of the class was well-balanced among its various components (signing, oralism, lip-reading). The parents also felt they benefited a lot from the Tuesday morning parent meetings, at which a wide range of topics of interest to the parents was discussed.

On the other hand, the parents also posed a number of areas they perceived as problems. One of the biggest problems apparently was the lack of continuity for the hearing impaired children within the Hobbit House setting. While all felt the integration experience was worthwhile, they pointed out that a child had to participate in the Hobbit House program five days a week instead of either the 2- or 3-day alternating cycles that the hearing impaired were on. For instance, if cookies were to be baked on one day, the hearing impaired children of that day would not be around the next day to eat the cookies. Also, the relatively larger number of children of normal hearing at Hobbit House posed somewhat of a threatening situation to the hearing impaired children. With regard to the structured classroom setting at the Lansdale School for Hearing Impaired, a few parents felt that the breaks for free time could be reduced somewhat, although there is the difficult problem of trying to balance the length of free-time periods among an assortment of children with widely varying ages. The parents also felt that the parent meetings on Tuesdays were primarily to beginners rather than parents who already had a year or more of previous contact with the Intermediate Unit; a group of parents at the more advanced levels should be held also. The parents also were somewhat concerned that notification of details of class offerings for the coming school year always seem to come too late for parents to make suitable preplanning arrangements and also merely to feel secure about their child's continued programing.

Staff reactions to programing options were consistent; they felt the priority placed upon the class for the hearing impaired was justified but at the same time felt that the total range of actual program services available to preschool handicapped children was far too limited (thus emphasizing all the moreso the necessity for telling parents at the outset the restraints on service). The staff also felt that, given the financial budget restraints that required placing program priority upon the hearing impaired, the parent training program that was also held in the various locations throughout the county was an appropriate multiplier-effect

strategy. The staff also felt that the hearing impaired class should be physically located in a normal classroom building. The partial location of the hearing impaired class at a regular nursery school allowed the creation of awareness in regular educators of what the world of the hearing impaired was like. While the integrated setting allowed a highly desirable give-and-take between the normal hearing and hearing impaired children, nonetheless, the Lansdale isolated setting provided the special teacher with the opportunity to give individualized attention to each child in the comfort and security of his peers. Other miscellaneous advantages were also seen by the staff. The Hobbit House setting provided a vocal atmosphere to stimulate audition. Also, the hearing impaired children when at Hobbit House learned that even if other children could not sign with them, they still had to communicate with these signwise unskilled people. The Hobbit House setting also gave the hearing impaired children an opportunity to understand children who were different from themselves, as well as to accept each other as people first and hopefully not as much as sensorily different. The Hobbit House situation formed a type of laboratory in which the teacher of the hearing impaired could study the dynamics of interaction between the various types of children.

Some of the negative features of the hearing impaired class operations that the staff hoped to correct included, among others, the primary one noted by parents: the lack of continuity of Hobbit House activities across the alternating days; more lead time in planning could help alleviate this problem. Another problem was the sophistication of the Hobbit House enrichment activities, with regard to the hearing impaired. With regard to the Lansdale class location, the room could have been somewhat larger and the furniture more appropriate.

The parent training program was well received. This offering provided the parents with concrete activities that could be carried out in the home setting, as well as an understanding of

some early warning signals of possible difficulties. One way in which to improve these sessions would be to provide videotapes of the way normal language progresses in the preschool years, as well as samples of abnormal speech and language development. Also, a fourth day of the training (actually a two-hour session was the length of each of the existing three days of a presentation at a given location) would be helpful to elaborate upon problems encountered by parents with their children's speech and language development. Finally, the principals of the district buildings in which the sessions were held apparently had not been given adequate advance notice of the details; some remedial action should be taken in this area for next year.

Objective 5 (Tracking System): In terms of staff reactions, the tracking system seemed to work effectively in keeping tabs on key dates in the processing of each child from initial location and identification until final program placement or (more typically) referral to an appropriate service agency. The tracking system incorporated the entire group of 187 children located and identified as of July 1, 1976. The tracking system also forced the staff to keep aware of the need to provide continuity of program efforts right into the school-age area. The mere fact of having centralized these tracking efforts under one person, namely, the case manager, has led to more efficient coordination of all aspects of the children's services. The biggest problem seen in this area is the need to mechanize the tracking system as one looks forward to extending it to all school-age handicapped children; the present system is a paper-and-pencil, manual variety and will probably begin to break down as greater numbers of children are put into the system.

Objective 6 (Resource Information): Staff reactions generally felt that this component was adequately handled. The warning signal brochure (Appendix E) and the program brochures (Appendix O) met the need for having printed material readily available for distribution as resource information. Also, both the information

manager and the Case Manager responded in a ready-reference fashion to phone calls on questions posed on personal visits about the availability of services in the Montgomery County area (Appendix R). Nonetheless, the staff feels the printed materials must be revised for the 1976-1977 year and that the new Information Manager just hired will have to reinitiate contacts with all the 50 related service agencies, as well as the other targeted groups mentioned earlier in connection with the awareness campaign.

Overall Structure (Pertaining to All 7 Components): One of the main philosophies behind initiating services at the preschool area was to coordinate for the first time what programs and services might be offered to preschool handicapped children by both existing agencies and by newly created Intermediate Unit offerings; to this end the staff felt that there was a special effort made in the liaison sense among all project and Intermediate Unit staff. Much valuable planning was possible for the coming 1976-1977 year as a result of the lessons and problems of the current year. One general area of concern in which the staff felt some improvement was possible was in the area of communication among staff: both at the general administrative level and at the individual case staffing level; while genuine communication and liaison among all staff and service components did occur, this often had to be achieved in a piecemeal fashion by necessity during the first year (e.g., several partial case staffings over longer periods of time instead of fuller case staffings in shorter periods of time, or better yet, at one point in time). There was also some feeling that the general status accorded to social workers in the Commonwealth of Pennsylvania with regard to state certification and leadership aspects left much to be desired and thus posed some problems for the manner in which the Case Manager was able to relate to other, more "standard" educational staff; fortunately, the Intermediate Unit has been using social workers and case workers for quite some time, but the lack of structure at the state level nonetheless filters down to the local Intermediate Unit levels. A clarification of the social worker's role in

this intermediate Unit would be helpful (job role definition and lines of authority and responsibility).

A few final, overall evaluation considerations can also be given here. First, a temporary status report given to Project CONNECT is provided in Appendix Y. Second, for those who are interested in the financial structure of this project, Appendix Z gives the final, revised budget breakdown with which the project closed out its 1975-1976 year. By examining this final budget, one can evaluate the appropriateness of programing priorities that the project used.

Section 11: Elimination of Gaps or Weaknesses

This project has operated effectively to bring under one coordinated operation for the first time all preschool service components (the 6 component areas addressed in this project). This type of service was definitely missing prior to the creation of the present project; coordination in the past was more a haphazard procedure than a directed effort, which is understandable when one considers the large number of independent service agencies (50) in Montgomery County alone. Until the present project, the six components of awareness, identification/location, diagnosis/verification, certain types of programs (hearing impaired and parent training), the tracking system, and the provision of resource information, were generally absent. Thus, the project definitely has filled a void and has improved the quality of preschool operations in Montgomery County.

Section 12: Dissemination

This project has made a number of notable efforts to disseminate information about its various aspects. The earlier background given under Section 8 about the awareness campaign and the resource information (first and sixth components) is relevant here. A total of 50 agencies was contacted in person by the Case Manager. Newspapers and radio and television stations were given releases to air. The Archdiocese was given procedures for including its preschool children appropriately within this service model. All public school districts in Montgomery County were contacted and given the chance to order large numbers of the warning signals brochure. Apart from these day-to-day, service-oriented dissemination activities, professional educational audiences were also addressed in a very formal way by means of a convention speech (see Appendix AA).

APPENDIX A

EXCERPT FROM STATE REPORTING REQUIREMENTS, EHA, PART B

No budget revision would be necessary as the increased expenditures did not exceed 10 per cent of the total amount approved for expenditure account 500; however, the expenditures for some other budgeted expenditure account would have to be $100 less than estimated so that the total amount approved for the project would not be exceeded.

Budget revisions for other than indicated above require pre-approval by the bureau as such revisions indicate possible program deviations. In no case may transfers of funds in excess of 10 per cent be made to other expenditure accounts without pre-approval.

Budget revisions must be submitted and approved 30 days prior to the ending date of the project. Forward original and two copies, plus budget breakdown and justification, if required.

DEBE 1432, Federal Project Application
As a Report

All sections must be completed. Provide actual figures for statistical information and federal funding breakdown. No decimal or fractional figures are acceptable. This report is required within 30 days following the ending date of the project.

Narrative Evaluation

The narrative evaluation, to be forwarded with the project report, is to be typed on 8 1/2 x 11" paper and attached to the report. The evaluation must include the following as a minimum:

1. The name of the local education agency (LEA) and project number.

2. A statement of each major objective as presented in the approved project. For each major objective listed, the following information must be furnished:

   A. The evaluation procedures(s) employed. If the evaluation procedure was changed from that indicated in the approved project, the reason for change must be indicated.

   B. A summary of results of pre-, on-going and post-tests or other appropriate methods used in the above evaluation procedures. When additional information is necessary to interpret results, it should be supplied.

   C. Describe how the objective eliminated gaps or weakness for which the project was designed.

3. Describe methods by which information concerning this project was disseminated to persons interested in the education of handicapped children. Copies of releases should be forwarded, if available. This is dissemination other than intra-school exchange.

APPENDIX B

ADVERTISEMENT IN MASS-MEDIA OUTLETS

HELP

us to help your preschool handicapped child. The Montgomery County Intermediate Unit would like to be made aware of any handicapped, or thought to be handicapped, preschool child in Montgomery County. The Intermediate Unit can assist you to find the appropriate services and programs to benefit your preschool handicapped child.

PARENTS

for further information please call

539-8550, Ext. 262.

APPENDIX C

SYNOPSIS OF MASS-MEDIA AWARENESS CAMPAIGN

AWARENESS CAMPAIGN SYNOPSIS

The Awareness Campaign included public service announcements on six (6) television stations: KYW-TV (3), WPVI-TV (6), WCAU-TV (10), WPHL-TV (17), WTAF-TV (29), WKBS-TV (48), and nine (9) radio stations: WCAU, WFIL, KYW, WDAS, WIBG, WIP, WNPV (Lansdale), WPAZ (Pottstown), and WNAR (Norristown). The public service announcements were provided at no cost. The time and frequency of the announcement was left up to the individual station's discretion.

Advertisements were placed in a variety of newspapers. The approximate total cost for the six weeks Awareness Campaign published in nineteen newspapers, twice per week in the Bulletin and Inquirer and once per week in the other newspapers, came to $3,500.

The newspapers utilized for this campaign are listed below with the frequency of publication, the day of publication, price per column inch and total price for advertising. The campaign began the week of December 15, 1975 and ran for six consecutive weeks, except where holidays interrupted regular publication.

Philadelphia Dailies:

			Total
Bulletin	Thursday & Sunday	$15.82 (Thursday) $10.78 (repeat rate Sunday)	$798.00
Inquirer	Thursday & Sunday	$17.78 (Thursday) $13.58 (repeat rate Sunday)	$940.80

County Dailies:

Times Herald	Friday	$ 3.29	$ 98.70
Pottstown Mercury	Wednesday	$ 3.82	$114.60
North Penn Reporter	Tuesday	$ 1.73	$ 51.90
Today's Post	Friday		
Today's Spirit	Tuesday		

County Weeklies:

Ambler Gazette	Thursday
Montgomeryville Spirit	Wednesday
The Willow Grove Guide	Thursday
Glenside News	Thursday
Times-Chronicle	Wednesday

County Weeklies: (Cont'd)

Springfield Sun	Thursday		
		Affiliated Papers Combined Price	$1,236.48
Collegeville Independent	Tuesday	$ 1.68	$ 50.40
Souderton Independent	Wednesday	$ 1.49	$ 44.70
Schwenksville Item	Thursday	$ 1.20	$ 36.00
Main Line Times	Thursday	$ 2.38	$ 71.40
Royersford Reporter	Thursday	$ 1.33	$ 39.90
Pennsburg Town & Country	Thursday	$ 1.20	$ 36.00

Fifteen preschool children were identified directly through the advertising; two children were identified indirectly, e.g., neighbor had seen our advertisement.

Included as a part of the Awareness Campaign were visits to the Montgomery County hospitals, and specific agencies connected with the hospitals: Youth Psychotherapy Clinic and Child Study Institute (Bryn Mawr Hospital); Abington Mental Health/Mental Retardation Center (Abington Hospital); and State Health Clinic (Pottstown Memorial Medical Center). Parent handbooks and informational brochures were left after each visit. The handbooks and brochures were also mailed to those people who telephoned for information, e.g., a nurse writing a thesis, a nursery school teacher. Brochures, together with a cover letter, were mailed to eight hundred and fifty physicians who are registered with the Montgomery County Medical Society. Suburban General Hospital requested that the mailing be extended to the osteopathic doctors also. The total number of osteopaths identified in the county was one hundred fifty-two. The total mailing amounted to one thousand pieces of literature. The total spent on mailing was two hundred forty dollars.

APPENDIX D

AWARENESS CAMPAIGN:
SPECIFIC INSTANCES OF
NEWSPAPER ADS

N O T I C E

If you have any of the following papers delivered to your home on the specified day, please bring it in for Leslie A. Gerhard when you are finished.

TIMES HERALD - Norristown	(Friday)
POTTSTOWN MERCURY - Pottstown	(Wednesday)
NORTH PENN REPORTER - Lansdale	(Tuesday)
TODAY'S POST - King of Prussia	(Friday)
TODAY'S SPIRIT - Hatboro	(Tuesday)
AMBLER GAZETTE - Fort Washington	(Thursday)
MONTGOMERYVILLE SPIRIT - Montgomeryville	(Wednesday)
THE WILLOW GROVE GUIDE - Willow Grove	(Thursday)
GLENSIDE NEWS - Glenside	(Thursday)
TIMES-CHRONICLE - Jenkintown	(Wednesday)
SPRINGFIELD SUN - Oreland	(Thursday)
INDEPENDENT - Collegeville	(Tuesday)
INDEPENDENT - Souderton	(Wednesday)
SCHWENKSVILLE ITEM - Schwenksville	(Thursday)
MAIN LINE TIMES - Ardmore	(Thursday)
REPORTER - Royersford	(Thursday)
TOWN AND COUNTRY - Pennsburg	(Thursday)

Mainline Times, January 8, 1976

HELP

us to help your preschool handicapped child. The Montgomery County Intermediate Unit would like to be made aware of any handicapped, or thought to be handicapped, preschool child in Montgomery County. The Intermediate Unit can assist you to find the appropriate services and programs to benefit your preschool handicapped child.

PARENTS

for further information please call

539-8550, Extension 262.

HELP

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PARENTS

for further information please call

539-8550 Ext. 262

Souderton Independent, Wednesday, January 21, 1976 B7

HELP

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PARENTS

For Further Information Please Call

539-8550 Ext. 262 12-17-6t

Royersford

THURSDAY, JANUARY 8, 1976 REPORTER 8

HELP

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PARENTS

for further information please call

539-8550 Ext. 262

THE SCHWENKSVILLE ITEM

THURSDAY, JANUARY 15, 1976

PAGE FIVE

HELP

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PARENTS

For further information Please call

539-8550 Ext. 262

TIMES CHRONICLE
JANUARY 22, 1976 Page 19

HELP

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PARENTS

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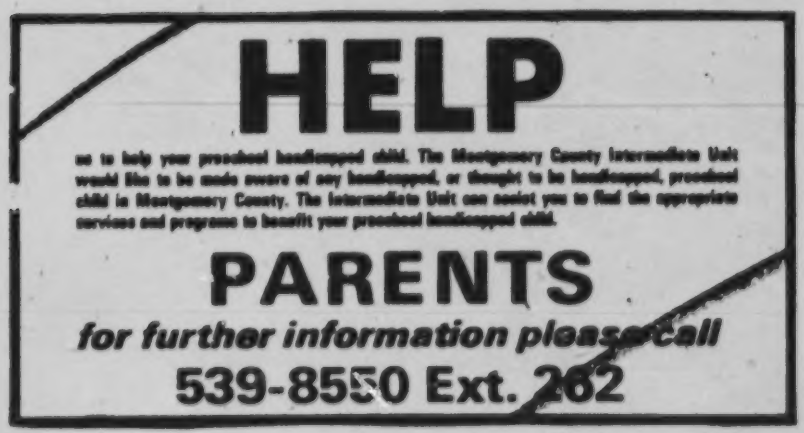
539-8550 Ext. 262


HELP
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PARENTS
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539-8550 Ext. 262

HELP

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PARENTS

for further information please call

539-8550 Ext. 262

THE WILLOW GROVE GUIDE, WILLOW GROVE, PA., JANUARY 22, 1976

Page 2

HELP

us to help your preschool handicapped child. The Montgomery County Intermediate Unit would like to be made aware of any handicapped, or thought to be handicapped, preschool child in Montgomery County. The Intermediate Unit can assist you to find appropriate services and programs to benefit your preschool handicapped child.

PARENTS

for further information please call

539-8550 Ext. 262

SPRINGFIELD SUN

Page 4 JANUARY 22, 1976

HELP

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PARENTS

for further information please call

539-8550 Ext. 262

Leiss

45

GLENSIDE NEWS

Page 4 JANUARY 22, 1976

HELP

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PARENTS

for further information please call

539-8850 Ext. 262

HELP

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PARENTS

for further information please call

539-8550 Ext. 262

10 Wednesday, January 21, 1976 Today's Spirit

HELP

us to help your preschool handicapped child. The Montgomery County Intermediate Unit would like to be made aware of any handicapped, or thought to be handicapped, preschool child in Montgomery County. The Intermediate Unit can assist you to find the appropriate services and programs to benefit your preschool handicapped child.

PARENTS

for further information please call

539-8550 Ext. 262

GLENSIDE NEWS

JANUARY 15, 1976 Page 12

HELP

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PARENTS

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539-8550 Ext. 262

APPENDIX E

AWARENESS/LOCATION BROCHURE

MOTOR DEVELOPMENT

If Your Child . . .

- Is unable to sit up without support by age 1
- Cannot walk without help by age 2
- Does not walk up and down steps by age 3
- Is unable to balance on one foot for a short time by age 4
- Cannot throw a ball overhand and catch a large ball bounced to him/her by age 5

HEARING

If Your Child . . .

- Does not turn to face the source of strange sounds or voices by six months of age
- Has ear aches or running ears
- Talks in an unusually loud voice
- Does not respond when you call from another room
- Turns the same ear toward a sound he/she wishes to hear

Who Can Help . . .

If you suspect that your child may have special needs, talk with your family doctor, your public health nurse, or other professionals in the field. Don't hesitate to call their attention to and ask their advice about what you feel may be unusual behavior or a possible physical problem of your child.

No matter where you may live, there are parent organizations and public agencies which will assist you if your child has special needs. People working in your local health department and your public schools can often put you in touch with those who are best able to help you.

REMEMBER, the earlier you recognize your child's special needs and seek professional help, the greater the possibility that your child can be helped to overcome the problem.

HELP

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PARENTS

for further information please call

539-8550, Extension 262

Supported thru Title VI, EHA Part B Funds

Executive Director	Dr. Dennis Harken
Director of Special Education	Dr. Lester Mann
Project Director	Dr. Robert Leiss
Coordinator of Federal Programs	Dr. Barton Proger
Case Manager	Mr. David Shiery

PARENTS:

Leiss

Early Warning Signs

Montgomery County Intermediate Unit
Special Education Programs
Serving children through your local school district.

EARLY WARNING SIGNS

Many children are born with or may acquire physical and/or mental conditions which handicap their normal growth and development. Fortunately, many of these conditions can be helped or completely corrected **IF** parents recognize the problem early and seek help. Failure to recognize and deal with a problem early may result in an unnecessary life-long handicap.

The following EARLY WARNING SIGNS are **some** of the more common indications that a problem **may** exist. If for any reason you suspect that your child may have special needs, we urge you to seek help immediately – don't wait until your child enters school before you begin to deal with the problem.

VISION

If Your Child . . .

- Is often unable to locate and pick up small objects which have been dropped
- Frequently rubs eyes or complains that eyes hurt
- Has reddened, watering or encrusted eyelids
- Holds head in a strained or awkward position (tilts head to either side – thrusts head forward or backward) when trying to look at a particular person or object.
- Sometimes or always crosses one or both eyes

TALKING

If Your Child . . .

- Cannot say "Mama" and "Dada" by age 1
- Cannot say the names of a few toys and people by age 2
- Cannot repeat common rhymes or T.V. jingles by age 3
- Is not talking in short sentences by age 4
- Is not understood by people outside the family by age 5

ADJUSTMENT

If Your Child . . .

- Does not play games such as peek-a-boo, patty cake, waving bye-bye by age 1
- Does not imitate parents doing routine household chores by age 2
- Does not enjoy playing alone with toys, pots and pans, sand, etc. by age 3
- Does not play group games such as hide-and-seek, tag-ball, etc. with other children by age 4
- Does not share and take turns by age 5

THINKING

If Your Child . . .

- Does not react to his/her own name when called by age 1
- Is unable to identify hair, eyes, ears, nose and mouth by pointing to them by age 2
- Does not understand simple stories told or read by age 3
- Does not give reasonable answers to such questions as "What do you do when you are sleepy!" or "What do you do when you are hungry?" by age 4
- Does not seem to understand the meanings of the words "today," "tomorrow," "yesterday" by age 5

APPENDIX F

AWARENESS CAMPAIGN: INFORMATIONAL RELEASES

Progress newspaper

Hatboro - Warrington - Chalfont - New Britain - Warminster
Hartsville - Wilson Grove - Maple Glen

Wednesday, May 5, 1976

IU seeks preschoolers with special ed needs

Parents whose preschool children may have special educational needs or growth and development problems are asked to call their local intermediate unit (IU) for information about current programs and services.

Those who are unable to contact an IU can call a state-wide hotline number, collect: area code (717) 657-0000. Charges at this number will be accepted and calls taken 24 hours a day, seven days a week.

"Under Pennsylvania's state plan to implement the Federal Education of the Handicapped Act, Part B (EHA-B)," Dr. Frank Manchester, Commissioner of Basic Education pointed out, "all 29 intermediate units provide a variety of services for preschool handicapped children."

Dr. Manchester explained, "It has been estimated, however, as few as 15 per cent of this age group have been identified and served. Early identification, evaluation and placement in appropriate programs is important to help children with special needs achieve maximum growth and development.

"On the Federal level, EHA-B is concerned with providing educational opportunities for all unserved or underserved handicapped children from birth to 21. As a result of Pennsylvania's Right to Education Consent Agreement of 1972 and the recent extension of these procedures to all exceptional children, we believe there are existing programs available for all handicapped children of school age. Thus, the Commonwealth is attempting to serve the preschool handicapped child through EHA-B."

Also established as part of the plan is a state-wide supportive program, Project CONNECT (Coordination and Outreach Network for the Needs of Exceptional Children Today). Frederick M. Davis is project director. Located in Harrisburg, CONNECT provides support to each IU, through assistance in planning, training and coordinating state-wide services.

Dr. Manchester said the state plan amendment under EHA-B was developed by a task force that included consumer representation and was supported by a larger group of resource persons. Six service components were identified as essential: 1) Public awareness of existing programs; 2) Location and Identification of handiapped children; 3) Diagnosis and Evaluation of the children's development and needs; 4) Program services to meet these needs; 5) Tracking, recording children's progress in programs, and 6) Educational Resources.

53

With Handicaps–

Montco IU Seeks Preschoolers

A campaign to locate and identify preschool children with handicaps is being conducted by the Montgomery County Intermediate Unit, an organization which represents the school districts in the county.

Parents whose preschool children may have special educational needs or growth and development problems are asked to call Mrs. Leslie Gerhard, the IU's information specialist at 539-8550, extension 262.

Dr. Frank Manchester, Commissioner of Basic Education for the state pointed out in a release this week that "under Pennsylvania's state plan to implement the Federal Education of the Handicapped Act, Part B, (EHA-B) all 29 intermediate units (in the state) provide a variety of services for preschool handicapped children."

According to Dr. Manchester, it has been estimated, however, as few as 15 per cent of this group have been identified and served. He said early identification, evaluation and placement in appropriate programs is important to help children with special needs achieve maximum growth and development.

Dr. Robert Leiss, who is associated with the Montgomery County IU special education department said so far, about 160 county preschool handicapped children have been located, and they range in age from birth to 4½ years.

Dr. Leiss said he believes there are more area handicapped preschoolers who are not yet identified and the IU hopes to expand its awareness programs so they can be located.

At the present time, he said the IU is involved in a program for the hearing impaired child, language development programs for parents and provides diagnostic and consulting services for those who need it "at this moment." He said the IU plans to have some programs for the handicapped preschool children next year.

Dr. Manchester's release noted that "On the federal level, part B of the act is concerned with providing educational opportunities for all unserved or underserved handicapped children from birth to 21. As a result of Pennsylvania's Right to Education Consent Agreement of 1972 and the recent extension of these procedures to all exceptional children, we believe there are existing programs available for all handicapped children of school age. Thus, the Commonwealth is attempting to serve the preschool handicapped child through EHA-B."

Also, he said, as part of the plan is a state-wide supportive program, Project CONNECT (Coordination and Outreach Network for the Needs of Exceptional Children Today). Frederick M. Davis is project director. CONNECT is located in Harrisburg and provides support to each IU through assistance in planning, training and coordinating state-wide service.

Dr. Manchester said the state plan amendment under EHA-B was developed by a task force which included consumer representation and was supported by a larger group of resource persons.

Six service components were identified as essential:

—Public awareness of existing programs.

—Location and identification of handicapped children.

—Diagnosis and evaluation of the children's development and needs.

—Program services to meet these needs.

—Tracking and recording children's progress in the programs.

—Educational resources.

APPENDIX G

AWARENESS CAMPAIGN:
SPECIAL FEATURES RUN ON HEARING
IMPAIRED CLASS

Title VI

DISCUSS HEARING DISABILITIES — Members of the Parent of Hearing Impaired League (PHIL) and teachers attended a workshop for parents of preschoolers who had hearing disabilities. The program was sponsored by the Montgomery County Intermediate Unit and was funded by a Title VI federal grant. Participating in the workshop, from the left, were Dr. Kenneth Moses, psychologist at Northwestern University, Chicago, who led the discussions; Mrs. Jane McBride, a supervisor with the Intermediate Unit; Mrs. Ellen Mager, an itinerant hearing therapist with the Intermediate Unit; and Mrs. Marie Markowitz, a parent of a hearing impaired child. (Times Herald Photo)

The Times Herald, Norristown, Pa.

Leiss

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THE AMBLER GAZETTE, AMBLER, PA., DECEMBER 18, 1975 Page B

'Integrated' Pre-School Program Vibrates To Christmas Overtones

Photography by Joseph F. Morsello

Friday at Hobbitt House nursery school on Gwynedd Mercy College, was a mix of the usual and the seasonal.

The usual was the integration of a handful of hearing impared pre-schoolers with some 26 children with normal hearing.

The seasonal was a chance to make Christmas decorations together and to go caroling through the college offices.

Gwynedd students in the early childhood class meet three and four year olds and young five-year-olds on weekday mornings to teach them language, music and movement. Kathleen Bachus, Mount Airy, who has her Master's in the Teaching of the Hearing Impaired, brings eight hard-of-hearing children to the nursery school wearing their hearing aids.

The getting-together maneuver is funded through a Title 6 grant, written by Dr. Robert Leiss, project director for the Montgomery County Intermediate Unit. Janet McBride is project director. The program alternates days between Gwynedd's Hobbitt House and the Lansdale School for the Hearing Impaired, at 800 S. Broad Street.

Says Mrs. Bachus: "At Hobbitt House my children go through the same day the hearing children do. I'm there for guidance and to explain things that need explaining — to mediate in play situations.

"WE HAVE 30 children and three teachers. We break up into groups for a large part of the morning. The deaf children do the same things as other kids in the group. I take the deaf children all the time, and I alternate other kids in the group every day, so they all get to know each other.

The hearing impaired kids lead from strength. Last year, under another kind of federal grant, there was home training for their parents, to show them how to be really helpful in development of their children.

If the present integration grant is renewed, Kathy Bachus says she would "very much like to be back in this situation. My specialty is at the pre-school level. These children have got to have a program."

Mrs. Bachus came to Philadelphia seven months ago, after marriage to a fellow graduate of Gallaudet College in Washington, D.C.

SHE COMMENTS: "Every deaf child is different, with an individual type of hearing loss. All use their hearing to a different degree. Most have a loss of discrimination, not a loss of volume, so you don't scream. They get words mixed up. They've been tested by an audiologist. I can observe them and figure from my own feelings with them how they hear me, by the responses they make.

"I speak English all the time and use sign language to represent English words, as well as my speech. Sign language is a tool in education for the adult deaf."

Christmas carols proved to be a universal children's language on Friday at Hobbitt House.

"Are you talking," says Bryan Smith, above, who is just as fascinated by the sign and body language of special teacher Kathy Bachus as any of the hearing-impaired children who are her charges in classes at Hobbitt House, Gwynedd-Mercy College. Below, in reverse involvement, hearing impaired student, Christine Lamphear, talks up Christmas with Gwynedd-Mercy student teachers, Debbie Albert, left, and Pat Szewczak.

Bell appeals to hearing-impaired pre-schooler Christine Lamphear because she made it in Christmas class time with her special teacher, Kathleen Bachus, working on a Title 6 grant for the Montgomery County Intermediate Unit. Kathy alternates teaching time here at Hobbitt House, Gwynedd-Mercy College, and at the Lansdale School for the Hearing Impaired.

Tuning in at story time in Hobbitt House class at left are Wayne Buehler and Robert Rice. At right, giving out at carol time are pre-schoolers with Sister Marie Madeleine, who runs the nursery school for Gwynedd-Mercy.

APPENDIX H

LOCATOR/IDENTIFIER FORMS

NAME _____ BIRTHDATE _____ SCHOOL _____ DISTRICT _____

Address _____

PARENTS: Father _____ Age ____ Occupation _____ Employer _____

Mother _____ Age ____ Occupation _____ Employer _____

Absent Parent? Explain, name, whereabouts

SIBLINGS: List name, birthdate, school and grade or occupation

_____ _____ _____

_____ _____ _____

_____ _____ _____

Other persons living in household _____

IN EMERGENCY CALL _____

(Name) (Address) (Phone)

REFERRAL BY _____

Statement of Problem: _____

PSYCHOLOGICAL EXAMINATION: Date _____ Examiner _____ Impressions and Recommendations: _____

MEDICAL: Family Physician _____ Address _____ Phone _____

HOSPITALIZATIONS _____ Significant Medical Conditions _____

Medication: _____

PSYCHIATRIC EVALUATION: Clinic or Therapist _____ DATES: FROM _____ TO _____

Address: _____ Phone _____

Diagnosis: _____

Audiological examination administered by _____ Date _____

Recommendation _____

Neurological examination administered by _____ Date _____

Recommendation _____

Vision examination administered by _____ Date _____

Recommendation _____

Year _____ School or agency _____ Discharge Recommendation _____

Year _____ School or agency _____ Discharge Recommendation _____

Year _____ School or agency _____ Discharge Recommendation _____

Year _____ School or agency _____ Discharge Recommendation _____

SOCIAL WORKER: _____

DATE: _____

Letss

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MONTGOMERY COUNTY INTERMEDIATE UNIT

CHILD TRACKING SYSTEM

LOCATOR/IDENTIFIER FORM

1. Child _____
(Last) (First) (Middle)
2. Date of Birth _____
3. School District of Child Residence _____
4. Presumed Disability _____
5. Information Manager (or other I.U. staff member) _____
_____
6. Date(s) of Information _____
7. Source(s) of Information _____
_____
8. Father _____
(Last) (First) (Middle)
9. Address of Father _____
_____
10. Telephone of Father _____
11. Mother _____
(Last) (First) (Middle)
12. Address of Mother _____
_____
13. Telephone of Mother _____
14. Legal Guardian of Child _____
(Mark "same as 7 and 10", or "same as 7", or "same as 10" unless different)
15. Address of Guardian _____
_____
(Mark "same as 7 and 10", or "same as 7", or "same as 10" unless differerent)
16. Telephone of Guardian _____
17. Date Informed Consent Form Mailed _____
18. Date Informed Consent Form Signed _____
19. Date Consent Form Received _____
20. Private School Enrollment _____

APPENDIX I

IDENTIFICATION PROCESS:
CONFIDENTIAL FAMILY HISTORY
FORM USED BY CASE MANAGER

Leiss 61

MONTGOMERY COUNTY INTERMEDIATE UNIT

Special Education Center

1605-B WEST MAIN STREET, NORRISTOWN, PENNSYLVANIA 19401 PHONE 215-539-8550

SPECIAL EDUCATION-BLUE LINE COMMUNICATION

DATE: _____

We give permission for the Montgomery County Intermediate Unit during the 1975-76 school year for verbal or written permission to obtain a Confidential Child Developmental History on our child _____.

This information is important to us in providing appropriate services for your child at the present time. We will keep this information on file to plan for your child's education in the future.

We also give permission for other Montgomery County Intermediate Unit staff members to contact you for gathering other information in the future during the 1975-76 school year.

_____
(Signature)

RELATIONSHIP: _____

CONFIDENTIAL CHILD DEVELOPMENTAL HISTORY

NAME OF PERSON FILLING OUT THE FORM: _____ DATE: _____

RELATIONSHIP TO CHILD: _____ SCHOOL DISTRICT _____

1 IDENTIFYING DATA:

Child's full name _____ Sex _____ Birthdate _____

Address _____
Number & Street Apt No. City State Zip

Father's name _____ Age _____ Mother's name _____ Age _____

His address _____ Her address _____

His phone: Home _____ Work _____ Her phone: Home _____ Work _____

Place of work _____ Place of work _____

Type of Job _____ Type of Job _____

Guardian's name (Only if child is living in different residence than parents)

_____

Source of referral to Intermediate Unit _____

Date of referral to Intermediate Unit _____

All persons residing in the home (brothers, sisters, other relatives, boarders, etc.)

NAME & RELATIONSHIP:	BIRTHDATE:

Marital Status: single - married - divorced - separated - widowed

Age of child when separation(s) divorce(s) occurred _____

How often does child see him/her _____

Family physician _____ Phone _____

Person to contact in case of emergency _____
Name and relationship Phone

II PREGNANCY AND BIRTH:

1. Planned _____ Wanted _____ Age of mother at child's birth _____

2. Did mother have any bleeding during pregnancy? Yes _____ No _____
Illness during pregnancy? Yes _____ No _____
Medication during pregnancy? Yes _____ No _____
Falls or accidents? Yes _____ No _____
Hospitalizations? Yes _____ No _____
Bed rest at home? Yes _____ No _____
If yes is checked for any of the above, describe _____

3. Was pregnancy Full term _____ Premature _____ Birth weight _____
Labor induced _____ Length of labor _____ Drugs administered _____

4. Describe type of delivery (normal, forceps, cesarean, breech presentation, etc.)

5. After delivery, was baby in oxygen? Yes _____ No _____
Did child breathe on his/her own? Yes _____ No _____
Was child released with mother from hospital? Yes _____ No _____
Were parents or doctor aware of any problems at birth? Yes _____ No _____
If yes, describe _____

6. Did the child require any medical attention or hospitalization during the first few months? Yes _____ No _____. If yes, explain why and where _____

7. Was mother ill after delivery? Yes _____ No _____
Was mother hospitalized? Yes _____ No _____
If yes, describe _____

DEVELOPMENTAL MILESTONES:

1. Pediatrician _____ Phone _____

2. Feeding: Bottle _____ Breast _____ Weaned: Yes _____ No _____ At what age _____

Feeding problems: Yes _____ No _____ If yes, describe _____

_____

Methods used if child did not eat _____

_____

Did child have colic during first few months? _____

Did child gain weight at normal rate? _____

Present Eating Skills: Circle the number of the one statement that best fits your child:

1. Feeds self adequately to eat in restaurant or friend's home
2. Feeds self adequately to eat in own home
3. Feeds self poorly (messily, or with considerable spilling)
4. Needs assistance in feeding
5. Fed by others

3. Does child use utensils to feed self? Yes ____ No ____ Finger fed: Yes ____ No _____

4. Did child have sleeping problems during first year? Yes _____ No _____

If yes, describe _____

_____

5. How would you describe your child in the first few months? Active ____ Demanding ____

Quiet _____ Content _____ Irritable _____

6. Does the child sit up with support? Yes ____ No ____ At what age? _____
sit without support? Yes ____ No ____ At what age? _____
cannot sit at this time Yes ____ No ____ At what age? _____

7. Does the child stand with support? Yes ____ No ____ At what age? _____
stand without support? Yes ____ No ____ At what age? _____
cannot stand at this time Yes ____ No ____ At what age? _____

8. Does the child walk with help? Yes ____ No ____ At what age? _____
walk without help? Yes ____ No ____ At what age? _____
cannot walk at this time Yes ____ No ____ At what age? _____

9. Does the child begin to speak words? Yes ____ No ____ At what age? _____
speak sentences? Yes ____ No ____ At what age? _____
cannot speak at this time Yes ____ No ____ At what age? _____

Instructions: Circle the number of the one statement that best fits your child:

Speech Skills - Part I

1. Communicates difficult verbal ideas, appropriate to child's age
2. Communicates in simple sentences, appropriate to child's age
3. Uses a few words only, appropriate to child's age
4. Communicates in sounds and/or gestures, appropriate to child's age
5. Does not communicate any information, appropriate to child's age

0 Unknown

Speech Skills - Part II

1. Understandable by non-family members
2. Somewhat difficult to understand
3. Hard to understand
4. No understandable speech, but jabbers
5. Makes no sound

0 Unknown

Comprehension Skills

1. Understands difficult verbal communication
2. Understands simple verbal communication
3. Understands simple phrases or words
4. Responds to gestures and/or signs
5. Does not respond to verbal or gestural communication

0 Unknown

Supplemental Information - Language spoken in the home

1. Speaks or understands English only
2. Speaks or understands foreign language only
3. Is bilingual or multilingual (speaks more than one language)

0 Unknown

Vision (without glasses)

1. No difficulty in seeing
2. Some difficulty in seeing
3. Great difficulty in seeing
4. No usable vision
5. Wears glasses _____ Prescription by _____
6. Date of eye examination _____ Examined by _____

0 Unknown

Hearing (without hearing aid)

1. No difficulty in hearing
2. Some difficulty in hearing
3. Great difficulty in hearing
4. No usable hearing
5. Audiological examination administered by _____
   Date _____ Wearing hearing aid _____ Make-Model _____
0. Unknown

Arm-Hand Use

1. Full use (both hands and arms)
2. Requires some help
3. Requires much help
4. No use

0 Unknown

Walking Ability

1. Walks unassisted. Yes _____ No _____
2. Can climb steps. Yes _____ No _____
3. Walks with crutches, cane, etc. Yes _____ No _____
4. Wears braces. Yes _____ No _____
5. Cannot walk. Yes _____ No _____

Transportation

1. Can child enter and leave a vehicle without assistance? Yes _____ No _____
2. Can child ride at least one hour in a vehicle without being uncomfortable?
   Yes _____ No _____
3. Does child sit in an upright position in vehicle? Yes _____ No _____

Paralysis

1. Child is paralyzed. Yes _____ No _____

   If yes, Mildly _____ Moderately _____ Severely _____

10. Is the child bowel trained? Yes _____ No _____ At what age? _____

11. Is the child dry day and night? Yes _____ No _____ At what age? _____

12. Has the child ever returned to wetting or soiling? Yes _____ No _____ If Yes, describe the problem _____

Instructions: Circle the number of the one statement that best fits your child

Toilet Training

1. Independent use of toilet
2. Makes toilet needs known, but needs some assistance
3. Partially trained (responds if taken to toilet at scheduled intervals, but some untidiness)
4. Not trained at all

If not toilet trained:

1. Training not yet begun
2. No response to training

0 Unknown

IV MEDICAL HISTORY:

1. Did the child ever have a high fever with or without convulsions for a prolonged period of time? Yes _____ No _____ If yes, describe _____

2. Did the child ever have any unusual "spells or seizures"? Yes ____ No ____ If yes, describe _____

3. Was the child ever unconscious? Yes _____ No _____ If yes, describe the incident and tell how long the child was unconscious _____

4. Is the child currently receiving on-going medical treatment? Yes ____ No ____ If yes, describe the treatment and give the doctor's name _____

5. Has the child ever been hospitalized? Yes _____ No _____ If yes, explain why and where. Also, give the doctor's name _____

_____

_____

_____

_____

Child's reaction to the hospitalization: _____

_____

6. Did your child receive the following immunizations (baby shots):

			Date of Age
D.P.T. (Triple Shot)	NO	YES	_____
Polio: Shots (salk) by mouth (sabin)	NO	YES	_____
Measles vaccine	NO	YES	_____
German measles (Rubella) vaccine	NO	YES	_____
Mumps vaccine	NO	YES	_____
Tuberculin Test	NO	YES	_____
Smallpox vaccination	NO	YES	_____
Was he/she sick after any of the shots	NO	YES	SPECIFIC _____

_____

7. Illnesses and Injuries

	Type:	Age:	Duration:	Severity:
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____
g.	_____	_____	_____	_____

8. Does child have any allergies (food, medicines, pollen, dust, etc.) Yes _____ No _____
If yes, describe reactions _____

_____

9. Medications:

	Type:	Age:	Duration:	Child's Reaction:
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____

10) Does your family have a history of:

Visual defect	_____	Heart trouble	_____
Speech defect	_____	Diabetes	_____
Hearing defect	_____	Bronchial disorders	_____
Cerebral Palsy	_____	Mental Illness	_____
Muscular Dystrophy	_____	Tumors	_____
Tuberculosis	_____	Inherited Conditions	_____
Muscular Weakness	_____	Birth Defects	_____
Epilepsy, Convulsions	_____	Other	_____

If yes to any of the above, describe & name relationship to child _____

_____

V EDUCATIONAL HISTORY:

1. List schools and type of educational placement the child has attended and years in each grade (include nursery school & kindergarten) _____

_____

_____

_____

_____

2. How do you feel problems started? _____

_____

_____

3. What do you think are your child's major problems? _____

_____

_____ Age of child _____

4. What do you think your child does best? _____

_____

_____

5. In what areas do you feel you need help?

Medical evaluations	NO	YES
Child's care at home	NO	YES
Adjustment of the child	NO	YES
Planning for long-term care	NO	YES
Planning for education	NO	YES

Other (Specify _____)

6. What do you think should be done about these problems? _____

_____

Does your husband/wife agree? _____

_____

- 9 -

Instructions: Circle the number of the one statement that best fits your child:

On what educational level do you think from your observation experience?

Reading:

1. Reads and comprehends newspapers and/or simple stories
2. Reads and comprehends simple sentences and/or instructions
3. Recognizes practical words and signs ("Stop!", "Exit", "Men", etc.)
4. Can identify most letters of the alphabet
5. Can identify few or no letters of the alphabet
6. Recognizes some trademarks or signs (e.g., cereal packages)
7. Does not recognize any signs or symbols

0 Unknown

Writing:

1. Writes sensible and understandable letters
2. Writes short notes or sentences
3. Writes or prints ten words
4. Writes or prints own name, few words
5. Prints or writes letters of the alphabet
6. Cannot print or write any letters of alphabet

0 Unknown

Number Concept:

1. Counts thirty or more objects
2. Mechanically counts ten objects
3. Handles "number situations" up to four (including "taking away")
4. Discriminates between "one" and "many" or "a lot"
5. Has no understanding of numbers

0 Unknown

Arithmetic Skills:

1. Can add and subtract simple fractions
2. Can multiply and/or divide simple numbers
3. Can and/or subtract simple numbers
4. Can recognize numbers
5. Cannot recognize numbers

0 Unknown

VI SOCIAL FUNCTIONING:

1. Describe child's favorite activity and approximate time spent on it per day: _____

_____

_____

_____

2. Describe child's relationship with:

Parents _____

Other adults _____

Brothers & sisters _____

Other children _____

3. How does child play with other children in neighborhood? _____

_____

_____

_____

4. Does child play with friends his age? Yes _____ No _____ If no, are his friends older or younger? _____

5. Does child wait for children to come to his house or does he go out to seek the company of others? _____

6. Does child play with one or two "best friends"? _____

7. Name child's favorite TV programs _____

_____

8. Does child have nightmares?

nearly every night _____

once per week _____

once per month _____

less frequently _____

When this happens, can child get back to sleep or does he remain upset? _____

_____

9. Does child share bedroom with other persons? Yes _____ No _____ Relationship _____

10. How does your child respond to learning? _____

_____

11. What activities does your family do together? _____

_____

_____

_____

_____

11. Has the child had any experiences away from home or family--overnights or longer? _____

12. Does the child have any trouble riding in school busses and cars? Yes _____ No _____
If yes, describe _____

13. Family stresses of which you are aware: _____

14. What frustrates the child? _____

15. What things frighten the child? _____

16. With which parent does the child best relate when "something goes wrong"? _____

17. Describe how discipline is handled in the home by each adult?

Mother _____
Father _____
Other _____

18. Is your child aware of his/her handicap and if so, what is his or her attitude towards the problem? _____

19. How does the family react to the child with the handicap? _____

Instructions: Circle the number of the one statement that best fits your child:

Interactions with others:

1. Interacts cooperatively and/or competitively with others
2. Interacts with others for at least short periods of time e.g., showing or offering toys, clothing or objects
3. Interacts with others imitatively with little interaction
4. Is completely unresponsive to others

0 Unknown

Participation in group activities:

1. Initiates group activities (leader and organizer)
2. Participates in group activities spontaneously and eagerly (active participant)
3. Participates in group activities if encouraged to do so (passive participant)
4. Does not participate in group activities

0 Unknown

Responsibility:

1. Very conscientious and assumes much responsibility, makes a special effort; the activity will always be performed.
2. Usually dependable - makes an effort to carry out responsibility; one can be reasonably certain that the activity will be performed.
3. Unreliable - makes little effort to carry out responsibility; one is uncertain that the activity will be performed.
4. Not given responsibility - is unable to carry out responsibility at all.

0 Unknown

Initiative:

1. Prefers to select his own activities if permitted
2. Asks if there is an activity for him to do
3. Sits all day if not directed to do an activity
4. Will not do any assigned activity

0 Unknown

Time Concept:

1. Associates time with various actions and events
2. Understands relationship between day, week and month
3. Understands time intervals, e.g., between "3:30" and "4:30"
4. Can tell time by clock correctly
5. Discriminates between day and night
6. Has no concept of time

0 Unknown

Money Handling:

1. Is able to use banking facilities
2. Makes change correctly, but does not use banking facilities
3. Adds coins of various denominations, up to one dollar
4. Uses money, but does not make change correctly
5. Realizes money has value, but does not use money
6. Has no idea of the value of money
0 Unknown

Errands:

1. Can go to several shops and specify different items
2. Can go to one shop and specify one item
3. Can be sent on an errand for simple purchasing without a note
4. Can be sent on an errand for simple purchasing with a note
5. Cannot be sent on errands
0 Unknown

Dressing Ability:

1. Dresses self completely
2. Requires little assistance
3. Requires much assistance
4. Must be completely dressed
0 Unknown

Grooming:

1. Keeps self clean when reminded to do so
2. Needs assistance to keep self clean
3. Must be kept clean by others
0 Unknown

Type of Behavior:

Physical violence - Attacks other individuals

1. Yes
2. No
0 Unknown

Type of Behavior:

Physical violence - Self-destructive

1. Yes
2. No
0 Unknown

Physical violence - Destroys property

1. Yes
2. No
0 Unknown

Hyperactive - Constantly talking and/or in motion

1. Yes
2. No
0 Unknown

Withdrawn - Sometimes seems unaware of surroundings

1. Yes
2. No
0 Unknown

18. Will you become involved with the child's program? (Attend meetings, conferences, be available for discussions) _____

19. Please list all physicians, therapists, specialists, special schools, psychologists or other agencies who have worked with the child:

_____

_____

_____

20. What have they told you about your child's problems? _____

_____

_____

_____

21. Suggestions on what you were told--Did you follow through on the suggestions? _____

_____

_____

If not, why? _____

_____

_____

(Parent's Signature)

MONTGOMERY COUNTY INTERMEDIATE UNIT

Special Education Center
1605-B WEST MAIN STREET, NORRISTOWN, PENNSYLVANIA 19401 PHONE 215-539-8550

REQUEST OF INFORMATION

Date:

To: _____
_____
_____

Dear_____:

Please release the following information: _____
_____
_____
_____

to_____, (Title)_____ of
The Montgomery County Intermediate Unit for my child_____.

Thank you,

_____
(Signature)

_____
(Relationship)

cc: Custodian of Records
Montgomery County Intermediate Unit

SPECIAL EDUCATION-BLUE LINE COMMUNICATION

MONTGOMERY COUNTY INTERMEDIATE UNIT

Special Education Center

1605-B WEST MAIN STREET, NORRISTOWN, PENNSYLVANIA 19401 PHONE 215-539-8550

REQUEST FOR PERMISSION TO COLLECT PERSONAL DATA - PSYCHOLOGICAL EVALUATION

Date:

Dear

Your child, _____ has been referred for a psychological evaluation by _____.

The reason for this referral is: _____

_____.

This evaluation will be provided by _____, a Certified School Psychologist of the Montgomery County Intermediate Unit, and the results of this evaluation will be discussed with you upon completion of the evaluation. This evaluation will be performed at your child's school during school hours and the results of this evaluation will be maintained in confidence and shared only with appropriate, authorized school personnel.

To accomplish this evaluation one or more of the following techniques will be used: _____

_____

_____

On the form below, please check the appropriate line indicating your approval or disapproval of this evaluation and return this form in the enclosed envelope. Should you have any questions or comments, please feel free to contact me at 539-8550.

(Signature) _____

(Title) _____

.....

Dear

_____ I hereby grant permission for the psychological evaluation as indicated above.

_____ I hereby deny permission for the psychological evaluation as indicated above.

_____
Signature of Parent(s) or Guardian(s)

_____
Date

SPECIAL EDUCATION-BLUE LINE COMMUNICATION

APPENDIX J

SUMMARY OF PSYCHOLOGICAL
SERVICES ACTIVITIES

TITLE VI PRESCHOOL PROJECT

NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
S. A.	1-26-76	Letter sent; no reply	DEBE-448 form		
J. A.	5-6-76	6-8-76	Bucks Co. I.U.		
A. A.	1-5-76	1-23-76	Parent (mother)		
R. B.	4-20-76	4-21-76	Pottstown S.D. & parent	6/3/76	
C. B.	1-22-76	no reply	DEBE-448 form		
C. Be.	4-12-76	5-5-76	DEBE-448 form		
M. B.	4-30-76	5-5-76	Pottstown S.D. & parent	7/6/76	
T. B.	4-23-76	4-26-76	Pottstown S.D. & parent	6/3/76	
H. B.	6-1-76	6-10-76	Inquirer & Times Chronicle		
K. B.	6-9-76	6-24-76	J. McBride		
J. B.	1-20-76	2-4-76	Television Ad		

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NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
M. B.	12-18-75	no reply	North Penn S.D. Census		
M. Br.	5-14-76	5-20-76	Collegeville Independent		
D. B.	12-4-75	in Title VI Program	J. McBride & parents	6/15/76	
J. B.	12-4-75	no reply	DEBE-448 form		
J. Bu.	1-26-76	no reply	DEBE-448 form		
A. B.	12-4-75	in Title VI Program	J. McBride & parents	6/22/76	
L. B.	2-11-76	3-17-76	DEBE-448 form		
S. C.	3-12-76	3-19-76	MARC & parent	11/30/76	
W. C.	1-26-76	2-5-76	Newspaper Ad	3/5/76	
D. C.	2-18-76	2-23-76	Telephone Book		
S. Co.	5-20-76	6-21-76	MARC & parent		
P. C.	1-15-76	4-30-76	J. McBride & parents		

NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
H. C.	12-4-75	Lansdale Title VI Program	J. McBride & Parents	[illegible]	
J. C.	4-12-76	no reply	DEBE-448 form		
L. C.	6-18-76		Norristown Day Care Center		
S. D.	12-3-75	6-15-75	DEBE-448 form		
D. D.	3-11-76	3-19-76	MARC & parent	Illness has prevented	
G. D.	1-23-76	2-23-76	Ben Williams	3/31/76	
J. D.	6-2-76	6-15-76	Ambler Gazette		
L. D.	3-11-76	3-26-76	MARC & Parent	4/30/76	
E. D.	11-24-75	no reply	S.D. Census		
G. Dr.	3-30-76	no reply	DEBE-448 form		
D. Du.	1-12-76	no reply	DEBE-448 form		
J. B.	3-11-76	3-23-76	Parent through S. Ortlip, I.U. secretary		Speech - 4/21/76

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NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
J. E.	1-15-76	5-19-76	J. McBride & Parent		
P. E.	5-24-76	5-24-76	MARC & Parent	6/25/76	
J. F.	2-19-76	2-26-76	MARC & Parent	4/23/76	
E. F.	1-9-76	1-27-76	CDC & Parent		
D. P.	1-26-76	no reply	DEBE-448 form		
M. F.	2-4-76	no reply	DEBE-448 form		
T. F.	1-14-76	1-19-76	North Penn Reporter		
K. F.	12-3-75	no reply	DEBE-448 form		
J. Fo.	1-22-76	no reply	DEBE-448 form		
M. Fr.	1-9-76	4-1-76	CDC & Parents		
M. G.	12-10-75	12-23-75	Norristown S.D. Census		
M. Ga.	4-23-76	no reply	S.D. Census		

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NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
K. G.	1-15-76	-----	J. McBride		
K. G.	4-8-76	4-13-76	MARC & Parent		
T. G.	3-3-76	3-8-76	MARC & Parent		
B. G.	3-8-76	3-18-76	MARC & Parent	Parents rejected offer	
G. G.	5-24-76	5-27-76	Times Herald		Vision - 6/17/76
F. G.	1-15-76	----	J. McBride & Parent		
T. Gr.	4-14-76	4-22-76	Conshohocken Day Care Center & grandmother		Speech - 5/25/76
K. G.	6-8-76	6-21-76	Miriam Kerr-I.U. Speech Clinician & Parent (mother)		
W. H.	12-18-75	no reply	North Penn S.D. Census		
J. H.	12-3-75	1-13-76	DEBE-448 form		
W. H.	5-21-76	5-26-76	Channel 48 T.V.		
J. He.	12-3-75	1-6-76	DEBE-448 form		

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NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
E. H.	12-18-75	1-14-76	North Penn S.D. Census		
H. H.	1-19-76	no reply D. Shiery did not see family	Television Ad		
L. H.	1-9-76	no reply	DEBE-448 form		
M. H.	1-20-76	no reply	Ben Williams		
E. Ho.	11-2-75	no reply	S.D. Census		
C. H.	12-12-75	5-19-76	S.D. Census		
B. H.	6-2-76	6-9-76	Bulletin		
G. J.	12-18-75	1-16-76	North Penn S.D. Census		
T. J.	3-1-76	no reply	DEBE-448 form		
D. J.	1-26-76	no reply	DEBE-448 form		
D. Jo.	12-31-75	no reply	Ben Williams		
T. K.	3-1-76	no reply	DEBE-448 form		

NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
J. K.	1-9-76	no reply	DEBE-448 form		
P. K.	1-15-76	5-24-76	J. McBride & Parent		
J. Kl.	3-3-76	3-10-76	MARC & Parent	4/23/76	Leiss
J. K.	2-12-76	2-26-76	Parent Call		
J. L.	1-12-76	2-6-76	Parent Call Pottstown Mercury	3/10/76	Speech - 5/25/76
C. L.	12-4-75	in Title VI Program	J. McBride & Parent	7/23/75 - Done during summer pre school	
K. La.	1-9-76	3-11-76	DEBE-448 form	Rejected offer	
N. L.	12-3-75	---	DEBE-448 form		
C. Le	2-11-76	2-19-76	North Penn Reporter	Rejected offer	
J. L.	1-30-76	2-18-76	G. Parks, S.W. I.U. & Parent	4/1/76	
D. L.	1-26-76	no reply	DEBE-448 form		
S. L.	4-19-76	4-23-76	D. Shiery's speech at Parent Group	5/27/76	

NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
C. L.	3-12-76	3-24-76	MARC & Parent	5/7/76	
D. Mc.A.	1-15-76	3-16-75 D. Shiery did not see child. Parent sent form.	J. McBride & Parent		
R. McF.	2-11-76	no reply	DEBE-448 form		
R. McG.	2-24-76	3-3-76	MARC & Parent	5/5/76	
D. McF.	1-26-76	2-6-76	Parent Call (friend of the parent)	4/9/76	
J. M.	12-30-75	1-5-76	Pottstown Mercury		
H. M.	1-9-76	3-5-76	DEBE-448 form		
G. M.	12-3-75	1-13-76	DEBE-448 form		
L. M.	1-9-76	3-29-76	DEBE-448 form		
J. Me.	5-21-76	6-15-76	DEBE-448 form	6/21/76	
P. M.	12-30-75	---	J. McBride		
C. M.	12-3-75	1-14-76	DEBE-448 form		

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NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
M. M.	4-8-76	4-12-76	Child's Pediatrician & Parent	4/29/76	Speech - 5/18/76
C. M.	3-3-76	3-12-76	MARC & Parent	5/19/76	Speech - 6/22/76 Hearing - 6/24/76
S. M.	3-23-76	4-1-76	MARC & Parent	5/14/76	
C. M.	1-6-76	---	J. McBride		
M. Mo.	1-26-76	4-8-76	DEBE-448 form		
K. M.	3-17-76	no reply	J. McBride		
C. Mo.	1-12-76	1-22-76	Parent Call Radio & Newspaper Ad	3/6/76	
L. M.	5-20-76	5-25-76	Nurse at school & grandmother		
R. M.	3-1-76	no reply	DEBE-448 form		
J. N.	6-8-76	---	neighbor (Mrs. Shiery)		
M. N.	1-19-76	3-18-76	DEBE-448 form		
M. Ne.	12-3-75	1-20-76	DEBE-448 form		

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NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
J. N.	11-24-75	12-5-75	S.D. Census	3/4/76	
E. O.	1-9-76	4-20-76	DEBE-448 form		Leiss
K. O.	1-9-76	3-31-76	DEBE-448 form		
J. O.	11-19-75	11-25-75	S.D. Census	1/28/76	
W. P.	12-3-75	no reply	DEBE-448 form		
W. Pl.	3-22-76	4-1-76	Russ Morley & Parent		Speech - 5/13/76
D. P.	2-4-76	3-30-76	DEBE-448 form		
B. P.	5-5-76	5-11-76	North Penn Reporter		Speech - 6/10/76 Vision - 6/4/76
G. P.	5-2-76	6-22-76	Pottstown Mercury		
J. P.	4-22-76	4-28-76	Pottstown S.D. & Parent	6/1/76	Speech - 6/1/76
D. Q.	6-18-76	6-25-76	Visiting Nurses' Association		
D. R.	1-26-76	no reply	DEBE-448 form		

NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
R. R., III	5-4-76	5-13-76	J. McBride & Parent	6/30/76	
K. R.	1-[illegible]-76	1-16-76	Collegeville Independent		Speech - March 197
M. R.	12-4-75	no reply	DEBE-448 form		
R. R.	12-4-75	in Title VI Program	J. McBride & Parent		
R. Ri.	12-4-75	in Title VI Program	J. McBride & Parent		
D. R.	6-2-76	6-9-76	Bulletin	6/15/76	
K. Ri.	12-3-75	4-28-76	DEBE-448 form		
G. R.	6-21-76	6-29-76	Parent (mother)		
R. Ro.	1-26-76	no reply	DEBE-448 form		
D. Ro.	12-4-75	Title VI Program	J. McBride	5/25/76	
M. R.	6-2-76	6-11-76	Times-Herald		
R. Ru.	1-22-76	no reply	DEBE-448 form		

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NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
D. R.	12-4-75	in Title VI Program	J. McBride	6/1/75	Vision - 6/18/76
R. S.	1-26-76	no reply	DEBE-448 form		
D. S.	1-9-76	no reply	DEBE-448 form		
M. S.	3-16-76	3-25-76	MARC & Parent	5/14/76	
R. Sc.	1-26-76	no reply	DEBE-448 form		
C. S.	12-4-75	no reply	DEBE-448 form		
D. Sc.	12-18-75	no reply	North Penn S.D.		
K. S.	3-23-76	no reply	DEBE-448 form		
L. S.	5-21-76	5-24-76	J. McBride & Parent		
B. S.	1-22-76	no reply	DEBE-448 form		
R. Se.	1-26-76	no reply	DEBE-448 form		
J. S.	1-26-76	2-5-76	KYW Radio		
G. S.	12-4-75	no reply	DEBE-448 form		

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NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
E. M.	12-22-75	---	Parent Call (the child is Gifted)		
K. S.	4-9-76	4-14-76	Parent Call D. Shiery's speech at Parent Group		Speech - 5/20/76 Leiss
L. S.	4-23-76	4-29-76	S.D. Census		Speech - 6/3/76
J. S.	1-26-76	no reply	DEBE-448 form		
K. Sm.	12-3-75	2-13-76	DEBE-448 form	3/18/76	
K. Sml.	3-1-76	3-17-76	DEBE-448 form		
D. S.	4-9-76	4-22-76	MARC & Parent		
J. So.	4-13-76	4-14-76	Russ Morley & Parent		Speech - 5/27/76
J. Son.	1-13-76	1-30-76	KYW Radio	3/19/76	
S. S.	3-31-76	4-7-76	J. McBride & Parent	4/30/76	
S. Sp.	2-24-76	3-3-76	MARC & Parent	4/23/76	
G. S.	2-18-76	2-24-76	P. Schoonover & Parent		Speech - March 19

NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
E. T.	6-1-76	6-28-76	MARC & Parent		
A. T.	5-13-76	5-18-76	Gwynedd N.S.		
C. T.	4-5-76	no reply	J. McBride		
D. T.	1-26-76	no reply	DEBE-448 form		
C. Th.	1-26-76	no reply	DEBE-448 form		
M. U.	4-28-76	4-29-76	Nursery School Teacher--Chapel Christian Acad.	5/20/76	
T. V.	1-22-76	no reply	DEBE-448 form		
A. V.	1-26-76	no reply	DEBE-448 form		
C. V.	1-26-76	no reply	DEBE-448 form		
K. W.	1-12-76	no reply	S.D. Census Springfield S.D.		
K. Wa.	2-13-76	5-12-76	DEBE-448 form		
A. W.	5-7-76	5-11-76	Today's Post		
J. W.	1-23-76	2-20-76	Ben Williams & Parent		

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NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
L. W.	1-15-76	5-14-76	J. McBride & Parent		
B. W.	1-12-76	4-5-76	S.D. Census	District assumed responsibility	
P. W.	3-1-76	3-9-76	neighbor (Bonnie Gowen)	4/23/76	
S. W.	4-21-76	4-27-76	MARC & Parent	6/1/76	
S. Wi.	2-4-76	no reply	DEBE-448 form		
C. W.	6-9-76	(Child is doing fine)	Children's Aid Society		
A. W.	2-11-76	3-12-76	DEBE-448 form		
S. Wm.	6-29-76	7-20-76	a friend		
S. Wo.	4-26-76	5-18-76	Main Line Times Bulletin		
K. W.	1-26-76	no reply	DEBE-448 form		
C. Wr.	12-3-75	no reply	DEBE-448 form		
C. Wu.	1-12-76	1-19-76	Main Line Times	5/21/76	

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NAME OF CHILD	DATE OF INFORMATION	DATE VISITED	SOURCE	PSYCHOLOGICAL	OTHER TESTS
A. Y.	1-28-76	4-23-76	DEBE-448 form		
R. Y.	12-3-75	2-4-76	DEBE-448 form		
D. Z.	1-20-76	2-12-76	AMBLER GAZETTE	4/12/76	Speech - 6/29/76
D. K.	3-8-76	6-10-76 (by Ann Kauffman)	Russ Morley & Parent	6/11/76	Hearing - 6/18/76 Speech - 3/2/76
J. M.	6-28-76	7-27-76	Montgomery Co. MH/MR Association		

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APPENDIX K

HEARING IMPAIRED CLASS:
START-OF-YEAR PLAN SENT
BY MRS. McBRIDE TO DR. LEISS

Proposal for Title VI - 1975-76 Pre-school hearing impaired children

Participants:

1. A. B.
1. R. R.
1. R. RI.
1. W. B.
2. H. C.
2. P. K.
2. C. L.
2. D. R.

Gynwynd Mercy Nursery School - Hobbit House
Montgomery County School for Children with Impaired Hearing
Group number 1 will go to Gynwynd Mercy three mornings a week and Monco school two afternoons a week
Group number 2 will go to Gynwynd Mercy two mornings a week and to Monco school three afternoons a week

Teacher: Mrs. Caroline Dunning - teacher of the deaf and speech therapist

Transportation by parents

If Mrs. Dunning will attend Bloomsburg during the summer we could apply for the Elfa system for this class and give it a try out. Ginny Speaker is going to use it with her pre-school children.

Finance: We would take out four tuitions for the Gynwynd Mercy nursery school. Ruth Kane says that then the 8 children may attend. They have reserved five places for us so we should let them know as soon as possible in all fairness to them.

Problem: We have at least two children ~~will~~ who will need our services. D. McA. will attend Raven Hill but services will be requested for her in the afternoon. K. G. barely two, will need services in the home. Is there any way that an itinerant can fit these children into their schedule? A. B. would like to attend another nursery school and come to us the two afternoons a week. Is this possible?

Rationale for this plan:
These children need to be integrated into a regular school for language stimulation and a natural environment however they need teaching from someone who is trained to develop their skills. If our teacher goes to the nursery school and then reinforces what is presented there back at our school, I feel we have the best of all things going for us. The mothers will participate as a

teacher's aide at Monco to learn language expansion. Each will take a rotating turn. There will also be a parent training class which will include group therapy by Linda Rowen, beginning signs or intermediate as the group needs dictate and a continuation of the educational model.

Inservice speakers: I would like to plan more ahead so that we can get the very best available. We must write Mrs. Grammatico in California now if we want her next spring. I will do this subject to your approval.

Jane McBride

Proposal for a pre-school program 1975-1976 which would be funded by a continuation of the Title 6 grant in effect this year.

Children involved: Age 3-4
D. R.
H. C.
P. K.
D. McA.
A. B.
W. B.
R. R.
R. Ri.

Alternative number 1
Mrs. Ruth Kane who directs the Gynwynd Mercy College nursery school is willing to take 5 of these children and integrate them with 22 of her children with normal hearing. She feels that this would be a learning experience for her pupils and would enhance the program. If we did this we would have to supply a teacher who could use sign language with these babies and serve as a resource person to the classroom teachers.
Time: half day program
Cost: $300 tuition for each child
Our teacher's salary five days a week
Afternoon: Our teacher would visit the homes of the rest of her caseload and carry out the program that is in effect this year.
Comment:
There are contradictions in this field as to the value of placing a hard of hearing child in an integrated situation so early in life. The oralists believe that this is essential to his development as he has the opportunity to be with hearing children, be "bathed" in language stimulation, and learns from the beginning to interact with children regardless of his handicap. The total people believe that this approach should be used in an environment which can make the most of the child's deficits at this critical period of time and the child can receive more individual attention. I happen to be in the middle again and would favor the integrated situation as my first choice if we had our own teacher in with the children. To my knowledge this has not been done before and I find it exciting to think that a school wants us to be a part of their program. This is a rare happening.
We would have to be ready to begin in the fall as Mrs. Kane would need to know if her school is full and the mothers are looking all over for appropriate places for their children and are in a state of panic. Do we have any assurance that this program will continue or will we have to go through what we did last year?

Alternative number 2
As we have so many children the same age we could have a nursery school at Lansdale. There will be only four classes next year so that there

will be available space. In this way we can also make use of the therapists for auditory training if this can be arranged. If this plan is put into affect then we could have two sessions, morning and afternoon, and have four children in each group. I know that there is a child named Bobby Coady in PSD who would also belong in this group. Perhaps there are more that we haven't heard of as yet.

Time: 8:30-11:30 and 12:30 - 3:30 - older children in the pm

Cost: Teacher five days a week (we had a beautiful girl apply who is graduating from Gallaudet in their pre-school. I don't know if Ann is interested in another year.

Comment: I think in terms of making use of our facilities, having available supervision and team work and in administration this would be a good solution to our problems. However I would be sorry to give the idea of an integrated environment up as it is an exciting idea. I wonder if it would be possible to invite small groups from Gynwynd Mercy perhaps once or twice a week to visit us or vica versa so that this concept of interaction with children with normal hearing could be carried out.

If I understand Buz correctly it is possible for you to write me into your grant. I would appreciate this as it would give me the opportunity to visit other pre-school programs if we heard that one of them was exceptional and worth learning from. I would also like to pursue the parent training models as I really think ours has made a major contribution to the mothers who have participated in it. I would like to expand some parts of it and investigate other avenues which could make it even better. I hope that through our successes and failures that other groups which are beginning in other exceptionalities can benefit and make use of what we have done.

APPENDIX L

PARENT TRAINING WORKSHOPS

MONTGOMERY COUNTY INTERMEDIATE UNIT

SPEECH, LANGUAGE, AND HEARING PROGRAM

Parent Workshop

Speech and Language Development

in the Pre-School Years

Abington School District

Hamilton Avenue - April 22, 29, May 6; 9:00-11:00; 5 parents
- principal greeted parents at first session
- babysitting provided
- Programmed Instruction Center used
  - too divided up by book shelves and equipment
  - could hardly arrange the room for 5 people to see the speaker and the screen
  - students were using the room while the workshop was in session (very distracting)
  - cafeteria prepared coffee and tea

Willow Hill - April 22, 29, May 6; 1:00-3:00; 17 parents
- principal never appeared at a session
- babysitting provided
- art room used
  - adequate
  - not set up ahead of time
- cafeteria prepared coffee and tea

Ardsley - April 23, 30, May 7; 9:00-11:00; 9 parents
- curriculum specialist sat in first session for approximately 15 minutes
- babysitting provided
- teachers' lunchroom used
  - adequate for the small number attending
  - already set up with tables
  - inconvenient since it was impossible to have materials and equipment put away before teachers arrived for lunch
- had to take and prepare own coffee and tea

North Hills - April 23, 30, May 7; 1:00-3:00; 8 parents
- principal never greeted parents or attended a session
- no babysitting provided (several children at all three sessions which were very distracting)
- library used - adequate
- had to take and prepare own coffee and tea

Upper Moreland School District

Round Meadow Center - April 26, May 3, 10; 9:30-11:30; 26 parents
1:00-3:00; 12 parents
- no one from the administration, the center, or any of the principals greeted the parents or attended a session
- no babysitting provided (several children at most sessions)
- all purpose room used
  - old and depressing (ceiling tiles falling)
  - room not able to be darkened for slides and movie because of broken canvas awnings
- no flexibility (stationary lunchroom tables)
- never set up ahead of time (had to help custodian carry table from first floor to lower level; almost had to beg him to set up chairs, drop the awning that wasn't broken, set up the screen, etc.; he handed me the dust cloth to clean the 40 dirty chairs)
- had to take and prepare own coffee and tea

Perkiomen Valley School District

Collegeville-Trappe - May 4, 11, 18; 9:30-11:30; 7 parents
- district assistant superintendent and two building principals greeted parents and attended half of the first session
- babysitting planned but materialized for only one session (absolute bedlam during session two)
- large audio-visual room used
  - very good facilities
  - always set up ahead of time
- coffee, tea, and cookies provided by cafeteria

Springfield School District

Erdenheim - May 12, 19, 26; 9:30-11:00; 30 parents
- district director of special education attended all three sessions
- district superintendent attended session two
- district assistant superintendent and building principal attended session three
- babysitting provided
- art room used - adequate except for the small desks and chairs
- had to take and prepare own coffee and tea

APPENDIX M

COMPUTER PLANS FOR
CHILD TRACKING SYSTEM

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MONTGOMERY COUNTY INTERMEDIATE UNIT

Special Education Center

1605-B WEST MAIN STREET, NORRISTOWN, PENNSYLVANIA 19401 PHONE 215-539-8550

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March 23, 1976

SPECIAL EDUCATION-BLUE LINE COMMUNICATION

COMPUTER TRACKING SYSTEM

The Title VI Federal Project Number 48-05023-460-380, "Initiation of Services to Handicapped Children Not Previously Served", needs to construct a Computer Tracking System for student data. Exploratory efforts in this direction have already been discussed in connection with the general computer data bank for the school-age children who are currently enrolled in Intermediate Unit classes. This proposal is for the purpose of producing specialized listings to accomodate types of data that are not normally part of the already existing computer data bank system. This proposal will discuss both the data bank content and the utility listing programs that are needed for administrative feedback to this federal project.

Data Bank Content: The types of data that are needed to manage the services given to previously unserved children in this project, are similar to what has already been placed into the existing computer data bank in connection with the school-age children. However, there are a number of other pieces of information that must be incorporated to render the computer system storage and retrieval useful to the project. At the point of initial contact with the child, a series of data is accumulated on a "Locator/Identifier Form". This form is attached as Appendix A to this proposal. Apart from the material contained in that appendix, additional types of information are needed. The extra data focuses around several major steps in processing the child from initial identification through ultimate placement: (1) initial parent contact to get developmental history, (2) meeting with project psychologist to decide upon evaluations, (3) mailing of consent forms for testing, (4) determining of final evaluation dates, (5) formal observation of child and talks with parent and other educational staff, (6) actual testing, (7) feedback conference of

project psychologist with parents, (8) discussion of test results with case manager by project psychologist, and (9) discussion with parent by case manager of other available program and service options. With regard to any of the above nine major steps in the service cycle, the usual entries will be only a date and the person who completed the step. However, certain steps will also have additional numerical information arising out of them; for instance, the testing step will of course generate the usual type of testing data bank information already in the regular computer system of the Intermediate Unit; another example is the developmental history, which might contain certain types of quantifiable information which would go onto the computer data bank system.

With regard to the content of the federal project computer data bank, there appears to be at least two options to be dealt with. First, the existing regular Intermediate Unit computer data bank could be extended in structure to accomodate the additional information of the federal project (preferred option). Second, a totally separate data bank must be constructed for specific child tracking systems. If the former option is possible, then perhaps the bulk of the program writing could occur this spring (prior to June 30, 1976), but the actual merging of the two systems could be delayed till the summer (under the 1976-1977 budget year). The point of concern is to avoid disabling the current, general data bank operations for the sake of making last-minute changes during the 1975-1976 school year.

Utility Program Construction: Several items are desired. First, it is necessary that for preschool children in the data bank of the federal project, a listing be created for the district especially of their residential children who will be eligible to enter kindergarten in the coming school year. That is, this concerns children who will reach age 4.7 sometime during the kindergarten year, depending upon local school board policy. This listing probably should be generated so that it can be issued by January of a given school year to be in time for both logistical classroom planning and budgeting that might be necessary for the following year. Second, at the end of each school year, a listing of children who have gone

through each of the nine major steps listed above under "Content" should be generated. This listing would be produced only once a year and would allow on the one hand project administrators to see what additional steps must be scheduled for the child in question for the following year and on the other hand would allow them to see a summary of how many children have been rendered what type of service for annual reporting requirements. It would appear that this second listing should have two variations: (1) a sub-listing that would literally list for each step in the above nine-step sequence any child who had completed it (this would mean that a child could be listed under more than one step); (2) a sub-listing that would give only the highest step completed for each child so that their would be no duplication of names (namely, for purposes of scheduling of services for the coming year). Third, a printout of average turnaround times should be generated for the period between each two successive steps in the above nine-step sequence. (The dates would already be part of the tracking data bank). This information would be generated only once a year at the end of the year. The listing would provide us with a basis for asking that expansion of services occur so as to reduce certain levels of undesireable turn around time.

Apart from the once-a-year generation of listings, all utility programs must have the capability of on-demand generation at any point during the school year. The tracking system will eventually have to be extended up into the school-age holdings that currently are in the 1975-1976 version of the computer system.

APPENDIX A

MONTGOMERY COUNTY INTERMEDIATE UNIT

CHILD TRACKING SYSTEM

LOCATOR/IDENTIFIER FORM

1. Child _____
(Last) (First) (Middle)

2. Date of Birth _____

3. School District of Child Residence _____

4. Presumed Disability _____

5. Information Manager (or other I.U. staff member) _____

_____

6. Date(s) of Information _____

7. Source(s) of Information _____

_____

8. Father _____
(Last) (First) (Middle)

9. Address of Father _____

_____

10. Telephone of Father _____

11. Mother _____
(Last) (First) (Middle)

12. Address of Mother _____

_____

13. Telephone of Mother _____

14. Legal Guardian of Child _____
(Mark "same as 7 and 10", or "same as 7", or "same as 10" unless different)

15. Address of Guardian _____

_____
(Mark "same as 7 and 10", or "same as 7", or "same as 10" unless different)

16. Telephone of Guardian _____

17. Date Informed Consent Form Mailed _____

18. Date Informed Consent Form Signed _____

19. Date Consent Form Received _____

20. Private School Enrollment _____

APPENDIX N

PARTIAL LISTING OF CHILDREN TRACKED INTO SYSTEM

SCHOOL DISTRICTS:	DATE OF BIRTH:	DISABILITY:
ABINGTON:		
F. J.	2-3-73	DOWN'S SYNDROME (MR)
G. B.	3-8-73	DOWN'S SYNDROME
P. W. D.	9-7-71	BRAIN INJURED
R. Ri.	6-2-72	HEARING IMPAIRED
R. Ro.	6-2-72	HEARING IMPAIRED
G. K.	6-12-73	HEARING IMPAIRED
CHELTENHAM:		
M. P.	(20 months--1974)	HEARING IMPAIRED
McA. D.	2-17-72	HEARING IMPAIRED
O. J.	5-11-71	SPEECH & LANGUAGE IMPAIRED
COLONIAL:		
B. J.	2-3-71	BRAIN INJURED
B. Jo.	8-26-69	BRAIN INJURED
~~_____~~	~~8-10-71~~	~~HEARING IMPAIRED~~
D. L.	6-28-75	DOWN'S SYNDROME
J. D. L.	12-23-70	CEREBRAL PALSIED
K. J.	8-24-73	DOWN'S SYNDROME
L. D.	5-4-69	CEREBRAL PALSIED
L. C.	6-10-74	DOWN'S SYNDROME
R. D. S.	1-18-70	BRAIN INJURED
R. R.	8-22-69	BRAIN DAMAGE
S. R.	2-19-70	BRAIN INJURED
S. Ra.	2-26-72	BRAIN INJURED
S. G.	4-16-72	BRAIN INJURED
T. D.	4-26-70	BRAIN INJURED
V. A.	12-1-70	BRAIN INJURED
V. C.	4-2-68	BRAIN INJURED
W. P.	9-23-71	
W. K.	5-1-70	BRAIN INJURED
D. G.	3-16-71	BRAIN INJURED
K. P.	3-26-73	HEARING IMPAIRED
HATBORO-HORSHAM:		
D. E.	2-25-71	MULTIPLE
H. H.	11-23-72	BALANCE & FINE MOTOR SKILLS
M. R. R.	10-23-71	
N. J. T.	10-13-71	MULTIPLE
E. J.	4-16-74	HEARING IMPAIRED

SCHOOL DISTRICTS:	DATE OF BIRTH:	DISABILITY:
JENKINTOWN:		
M. C.	1-25-72	MILD CASE OF CEREBRAL PALSY
LOWER MERION:		
F. M.	12-8-69	CEREBRAL PALSY
M. C.	2-21-74	HEARING IMPAIRED
P. W. T.	8-9-72	SPEECH & LANGUAGE
P. D.	12-7-70	BRAIN INJURED
S. J.	1-9-73	CP, BD, MOTOR, PERCEPTION DI LAG, LEARNING DISABLED
W. S.	10-22-69	BRAIN INJURED
W. C.	(4-1/2 yrs.)--9-17-71	SPEECH
LOWER MORELAND:		
R. M.	2-5-71	BRAIN INJURED
S. M.	4-18-73	BRAIN DAMAGE
G. F. W.	9-16-72	?
METHACTON:		
B. J.	7-6-73	SLOW SPEECH
E. J. L.	12-16-72	SPEECH
F. E.	11-3-72	PHYSICALLY HANDICAPPED
J. T.	1-7-69	BRAIN INJURED
K. T.	10-28-70	BRAIN INJURED
K. J.	8-16-72	SPEECH
L. N.	10-5-71	BRAIN INJURED
M. G.	7-12-71	BRAIN INJURED
M. C.	2-9-71	BRAIN INJURED
M. R.	12-8-70	BRAIN DAMAGE
N. M.	4-12-71	BRAIN INJURED
S. K.	6-2-68	BRAIN DAMAGE
F. M.	8-13-71	EDUCABLE MENTALLY RETARDED

SCHOOL DISTRICTS:	DATE OF BIRTH:	DISABILITY:
NORRISTOWN:		
C. S.	11-4-74	DOWN'S SYNDROME
D'A. S.	9-10-71	BRAIN INJURED
D'M. D	11-2-73	DOWN'S SYNDROME
G. M.	8-31-71	BRAIN DAMAGE
H. J.	8-5-71	BRAIN INJURED
R. K.	5-4-71	BRAIN INJURED
R. D. C.	8-21-72	HEARING IMPAIRED
W. K.	10-19-73	CP, NEONATAL MENINGITIS, HYDROCEPHALUS W/SHUNT
Y. A.	1-28-71	DEV. LAG GROSS MOTOR SKILLS 20-24 MO.--FINE MOTOR SKILLS
Y. R.	3-11-71	BRAIN INJURED (CEREBRAL PALSY)
M. L.	8-25-73	DEV. LAG (BRAIN INJURED)
NORTH PENN:		
A. S.	12-11-70	BRAIN INJURED
B. M.	7-27-72	BRAIN INJURED
B. D.	4-30-71	HEARING IMPAIRED
C. P.	(1972)	[redacted]
F. D.	4-20-70	CEREBRAL PALSIED
F. T.	1-22-70	
H. W.	6-27-71	BRAIN INJURED
H. E. K.	9-20-71	BLIND/DEAF
J. G. H.	8-6-72	BRAIN INJURED
K. D.	(4 years)	SPEECH IMPAIRED
L. C.	4-21-71	DEV. LAG
M. K.	6-25-72	HEARING IMPAIRED
S. C.	4-4-72	BRAIN INJURED
S. D.	4-4-72	BRAIN INJURED
S. K. D.	1-1-73	BRAIN INJURED
S. R. A.	6-15-70	CEREBRAL PALSIED
S. J. K.	4-16-70	DEAF
T. C.	7-14-70	BRAIN INJURED

SCHOOL DISTRICTS:	DATE OF BIRTH:	DISABILITY:
PERKIOMEN VALLEY:		
L. C.	8-2-69	BRAIN INJURED
D. G.	6-29-71	VISION IMPAIRED
F. J.	7-7-70	BRAIN INJURED
R. K.	6-4-71	SPEECH
R. D.	6-25-71	HEARING IMPAIRED
R. R.	6-12-70	BRAIN INJURED
S. G.	12-23-71	SPEECH
V. T.	3-24-70	BRAIN DAMAGE
S. D.	8-27-71	CEREBRAL PALSY
POTTSGROVE:		
L. C.	10-19-71	HEARING IMPAIRED
POTTSTOWN:		
B. L.	9-21-70	BRAIN INJURED
H. J. S.	1-10-72	BRAIN INJURED
J. D.	(Unknown--2 yrs.)	LOW VISION
L. J.	3-30-71	SPEECH
M. J. M.	10-20-70	HYPER-HEARING
McF. R.	9-26-69	BRAIN INJURED
M. M.	3-31-72	CEREBRAL PALSIED
W. A.	3-20-70	BRAIN INJURED
S. S.	4-16-71	HEARING IMPAIRED
SPRINGFIELD:		
C. D.	8-10-75	SPINA BIFIDA
D. D.	1-25-72	VISUALLY IMPAIRED
M. S.	7-14-74	DOWN'S SYNDROME
N. M. C.	9-24-71	DEV. LAG - BRAIN DAMAGE
W. K.	2-26-71	HEARING IMPAIRED
W. B.	9-10-71	MENTALLY RETARDED - TRAINABLE

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SCHOOL DISTRICTS:	DATE OF BIRTH:	DISABILITY:
SPRING-FORD:		
C. W.	12-6-71	
W. J.	5-16-72	BRAIN INJURED
SOUDERTON:		
W. L.	2-27-74	HEARING IMPAIRED
UPPER DUBLIN:		
A. A.	4-17-72	EMO., W/AUTISM--BRAIN INJURED
McG. R.	12-21-71	DOWN'S SYNDROME
S. E. M.	6-7-72	GIFTED
UPPER MERION:		
G. T.	9-14-73	BRAIN INJURED
H. P.	2-8-71	BRAIN INJURED
L. K.	12-9-73	CEREBRAL PALSY
L. J.	2-23-72	PERCEPTUAL
W. J.	7-11-73	BLIND
UPPER MORELAND:		
C. H.	8-12-72	HEARING IMPAIRED
McP. D.	3-31-72	HYPER
S. S.	9-19-74	DOWN'S SYNDROME
Z. D.	8-17-71	

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SCHOOL DISTRICTS:	DATE OF bIRTH:	DISABILITY:
UPPER PERKIOMEN:		
S. B.	11-6-72	CEREBRAL PALSY
W. C.	2-3-71	BRAIN INJURED
WISSAHICKON:		
B. A.	10-30-72	HEARING IMPAIRED
F. K.	12-29-71	PHYSICAL HANDICAP (CP)
H. C.	7-9-70	
M. M.	1-4-73	BRAIN DAMAGE
S. K.	4-3-71	BRAIN INJURED (CP)
S. J.	2-1/2 yrs. old	MONGOLISM (DOWN'S SNYDROME)
O. K.	12-25-72	CDC DIAGNOSIS: (DEV. DISABLED MOD. SEVERE, PROBABLY CONGENITAL IN NATURE)
K. J.	5-12-72	BRAIN INJURED - LEARNING DISABLED

SCHOOL DISTRICTS NOT AVAILABLE AS YET (3-29-76):

H. L.	2-14-73	SEVERE BRAIN DAMAGE
H. M.	6-29-71	VISION IMPAIRED, (ALSO, CLEFT PALATE, HAIR LIP)
O. E.	12-24-71	DEVELOPMENTAL LAG
T. C.		HEARING IMPAIRED

cs/3-29-76

APPENDIX O

AWARENESS BROCHURES USED TO REFER PARENTS OF PRESCHOOL CHILDREN TO APPROPRIATE SERVICE AGENCIES

medical eye care, designed to prevent blindness and alleviate eye conditions which could cause visual loss, can be made available on a financial needs basis.

Overbrook School for the Blind
64th Street and Malvern Avenue
Philadelphia, Pa. 19151
telephone: TR 7-0313

Overbrook operates a one-week summer nursery program, usually during the third week of June, for preschool blind children. This program is open, free of charge, to all residents of eastern Pennsylvania. Mother and child both reside at Overbrook for a one-week period, during which the mother is oriented to the problems of the visually handicapped and the child is evaluated and allowed to interact with other children.

Montgomery County Association for the Blind
704 West Marshall Street
Norristown, Pa. 19401
telephone: 272-7190

Services are directed at counselling and casework needs. In addition, MCAB distributes talking book machines to any qualified individuals.

How Can Parents Help?

- Accept the child's handicap, and do not avoid talking about blindness to him. Encourage him to express his feelings.
- Give clear instructions and be sure the child understands them, but do not excuse unacceptable behavior.
- Give him the basic security of knowing he is loved, worthwhile, and important. Provide him a secure place in the family.
- Keep the child interested in the world around him. Certain mannerisms ("blindisms") are sometimes found in the understimulated or bored child. Retreat into fancy, passivity, or over-activity are some of these. Constructive activity and involvement is the key.
- Encourage the child to make maximum use of whatever residual vision he has by giving him attractive materials, by providing comfortable lighting, and by initiating reasons for using sight that the child will understand.
- Try to help the child build a mental concept of his surroundings in terms that are meaningful to him.
- Allow him to explore and find things for himself. Placing his hand here and there does not give him a total and meaningful orientation to his surroundings.
- Allow the child to grow at his own rate without over- or under-stimulation. Comparisons with other sighted children concerning developmental milestones are always a little dangerous.

If you suspect that your child has a visual handicap, this brochure, prepared by the Montgomery County Intermediate Unit, may offer some guidance in detecting and dealing with his problems. While the Intermediate Unit has no formal programs for preschool visually handicapped children, it offers a wealth of services once a child reaches school age (4 years, 7 months). These will be briefly described. In the meantime, we hope you and your child will benefit from the other services noted here.

Who Are the Visually Handicapped?

Visually handicapped children are those who, because of the type and degree of visual impairment, are unable to progress satisfactorily in the regular classroom without supplementary assistance in such areas as educational media, materials, and methods. **Partially sighted children** will have visual acuity of 20/70 or less in the better eye after best possible corrective techniques have been employed. **Blind children** have no vision, or little potential for developing vision; generally their visual acuity with correction is 8/200 or less.

The goal of the Intermediate Unit Vision Department is to enable the visually handicapped student, regardless of the severity of his handicap, to maintain himself successfully in a public school setting.

What Are the Signs of Eye Trouble in Preschool Children?

An alert parent can observe and follow up on the traits listed below, any of which may be evidence of an eye problem. A child with an indication of eye trouble of any sort should be tested by a trained professional. Also, a child should be checked by a doctor when any one of the following eye signals are detected, even if he does well on the test. A child may have a vision problem if he:

- rubs his eyes excessively
- shuts one eye or covers one eye and pushes his head forward when looking at an object
- blinks excessively
- obviously deviates his eyes in any direction
- squints or narrows his eyes in the presence of light
- contorts his face
- tilts his head
- has inflamed or watery eyes
- has recurring styes
- crosses his eyes
- turns one eye outward

Serious visual problems are usually detected during the preschool years, though partially seeing children may not be identified until they start school. Therefore, parents should be especially alert for the above signs.

What Preschool Programs Are Offered?

If a preschool program fits into your family plans, consider a local program in your district that has been utilized in the past or recommended by friends. Presently, there are no formalized Intermediate Unit preschool programs in operation specifically for visually handicapped children. The reason is that highly specialized education is not needed during these early years. The parents' most important task is to build the foundation for good character and a balanced personality.

The visually handicapped child is more like the sighted child than he is different. He eats, sleeps, plays, and loves normally. Differences occur when the child is not given favorable opportunities for development. Generally speaking, home is the best place for young children to learn to function, especially during the first few years. A good home for a normal child will be a good home for the visually handicapped child: Their basic needs are very similar.

What Can the Intermediate Unit Do to Help?

The IU Vision Department consults with parents on individual problems and possible solutions. It also offers consultation to any preschool that may have a visually handicapped child enrolled. Parents can contact:

Mr. Ben H. Williams
Supervisor, Programs for the Visually Handicapped
Montgomery County Intermediate Unit
1605-B West Main Street
Norristown, Pa. 19401
telephone: 539-8550

After your child reaches school age, he will be eligible for Intermediate Unit special services and materials provided for visually impaired students enrolled in any Montgomery County school district. Vision consultants and other specialists evaluate the functional vision of students; consult with parents, teachers, and other school personnel who work with visually impaired students; and give direct instruction and counsel to students—including braille, typing, academic instruction, low-vision stimulation, and skill development in orientation and mobility.

The Vision Department also operates a self-contained visually impaired-multihandicapped classroom, designed to foster a responsibility for independence in a variety of skills. Your local school district **Director of Special Pupil Services** is the person to contact for full information on the particular programs in your district.

What Other Services Are Available?

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Nevil Interagency Referral Service, Inc.
(NIRS)
919 Walnut Street
Philadelphia, Pa. 19107
telephone: MA 7-3501

This is a centralized referral agency, directing parents to sources for needed services, with follow-up as required. NIRS is for those who want help they do not know how to obtain or who want information about blindness which is not now available to them.

Bureau of the Visually Handicapped—
Regional Office
1400 Spring Garden Street
Philadelphia, Pa. 19130
telephone: 238-7530

Services offered by the Bureau are available to all eligible visually handicapped persons regardless of age. A person need not be totally or even legally blind to qualify. Any sight problem or instance of poor vision that limits one's normal activities may be a matter of their concern. Services specific to preschool include family assistance, since a visual handicap is usually a family problem as well as an individual problem. A caseworker will work with the visually handicapped individual and his family toward the solution of any phsical, psychological, economic, social or educational problems that arise. In addition,

- Private speech and hearing clinicians holding certification from the Council of Educators of the Deaf or the American Speech and Hearing Association. (Their names are listed in the **American Annals of the Deaf** and the American Speech and Hearing Association's **Directory**.)
- Private schools for the deaf and area clinics
- Pediatricians, otologists, and otolaryngologists (eye, ear, nose, and throat specialists)

Your local school district's **Director of Special Pupil Services** or the Intermediate Unit's Special Education Division may be able to assist parents in locating those who provide these services.

Intermediate Unit Hearing Services Upon Entering School

When your child reaches school age (4 years, 7 months), he will be eligible for Intermediate Unit special services. All districts located within Montgomery County can refer children with hearing impairments to the Intermediate Unit for evaluation. The district makes these referrals based upon a prior evaluation by an otologist and an audiologist to establish the nature of the impairment. Depending upon the severity of the hearing loss and the language skills of the child, either itinerant services (visitations to the local school by specially trained IU personnel) or a full-time classroom placement may be recommended to the referring district. If the Intermediate Unit does not have a program to meet the needs of a particular child, it considers other placements.

Additional diagnostics and therapy are provided by the Intermediate Unit during the summer. This includes a two-week diagnostic program for speech-, language-, or hearing-impaired children identified at kindergarten registration. **If a speech, language, or hearing problem is suspected, parents who are registering a child for kindergarten should alert the registrar.**

For further information concerning speech, language, and hearing services, contact:

Mr. Marshall H. Siegel
Assistant Director of Speech, Language, and Hearing Services
Montgomery County Intermediate Unit
1605-B West Main Street
Norristown, Pa. 19401
telephone: 539-8550

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Montgomery County Intermediate Unit
Executive Director ..... Dr. Dennis Harten
Director of Special Education ..... Dr. Lester Mann
Project Director ..... Dr. Robert H. Leiss

MONTGOMERY COUNTY INTERMEDIATE UNIT

Leiss

Services for Preschool Speech/Hearing Handicapped Children in Montgomery County

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this project supported through title VI funds from public law 89-313

If You Suspect a Speech or Language Problem in Your Child—

this brochure, prepared by the Montgomery County Intermediate Unit, may offer some guidance in detecting and dealing with a possible handicap. We define the speech-impaired as those children whose speech deviates from the accepted standards of their individual social and cultural communities in terms of:

Articulation (substitution, distortion, or omission of sounds)
- Does your child use another sound in place of the "correct" one?
- Does he make errors with certain sounds?
- Is he not using some sounds?

Rhythm (stuttering or overly rapid speech)
- Is he constantly repeating a sound or word?
- Is he having difficulty in getting the words out?

Voice Quality (hoarse, nasal, low or high pitched, breathy)
- Does he have a hoarse or raspy voice?
- Does he sound as if he is talking through his nose or as though he has a constant cold with a stuffy head?
- Does he have an unusually low, squeaky, or breathy voice?

Language (problems in the understanding or expression of the system of spoken symbols)
- Does your child have difficulty in following instructions?
- Does your child speak in single or two-word phrases rather than sentences?
- Does your child confuse or omit words or change the word order in sentences?

Speech/Language Services for Preschool Children

At present, neither the local school districts nor the Intermediate Unit provide evaluation or therapy for preschool speech- or language-impaired children. However, if you suspect a speech or language problem, several alternatives are open to you:

- Contact local area hospitals, university speech and hearing clinics, social service organizations, or private clinics.
- Consult with private speech or language clinicians holding the **Certificate of Clinical Competence** from the American Speech and Hearing Association.
- Contact those cleft palate clinics which participate in Pennsylvania's Cleft Palate and Plastic Surgery Program.

Except for those children who qualify for the State's Cleft Palate and Plastic Surgery Program, all of the above charge a fee for their services. Your local school district's **Director of Special Pupil Services** or the Intermediate Unit's Special Education Division may be able to assist parents in locating those who provide these services.

Intermediate Unit Speech/Language Services upon Entering School

When your child reaches school age (4 years, 7 months), he will be eligible for Intermediate Unit special services provided for speech- and language-impaired students in 17 school districts. Except for the Abington, Cheltenham, Lower Merion, and Pottstown School Districts, which employ their own speech clinicians, the Intermediate Unit provides speech and language services, where needed, for all children within Montgomery County. These services include: 1) screening and evaluation of all new students, 2) individual and small group therapy, 3) speech improvement programs for kindergarten classes, 4) parent training, and 5) consultations with parents, teachers, and others in the educational setting.

Additional diagnostics and therapy are provided by the Intermediate Unit during the summer. This includes a two-week diagnostic program for speech-, language-, or hearing-impaired children identified at kindergarten registration. **If a speech, language, or hearing program is suspected, parents who are registering a child for kindergarten should alert the registrar.**

If You Suspect a Hearing Problem in Your Child—

read the list of warning signs below, tell your doctor about your concerns, and ask for a hearing check. The child with a hearing impairment may demonstrate it in two ways: as a "chronic fluctuating conductive loss," caused by a blockage of sound, and as a "sensori-neural loss," caused by nerve damage. The nature of the impairment should be determined through examination by an otologist (a medical specialist in ear problems) and an audiologist (a professional trained in testing hearing). Depending on the nature of the hearing loss, it may affect the child's speech and language development, voice quality, and social, emotional, or educational achievement. Accompanying conditions may be present—such as cleft palate, cerebral palsy, mental retardation, emotional or behavioral disturbance, visual impairment, learning disabilities, and cultural deprivation—but these are not necessarily associated with the hearing loss.

Warning Signs That Your Child May Not Hear: Does he—

- confuse the meanings of words which sound alike?
- turn up the volume on the radio or TV louder than the rest of the family prefers?
- confuse directions, or say "What?" or "Hunh?" more than other children?
- appear to hear at some times but not at others?
- turn toward the speaker?
- prefer activities which require looking rather than listening?
- respond when called from behind or from a distance?
- respond to meaningful sounds inside and outside the house?
- have allergies, many colds, ear infections, and sore throats?

Hearing Services for Preschool Children

The Intermediate Unit conducts a free diagnostic and therapeutic program, mostly in the home, for hearing-impaired children up to five years of age. (This program is funded on a year-to-year basis with federal monies.) For full information, contact Mr. Marshall H. Siegel at the address below.

Other services, available at a charge, are as follows:

- Local hospital or university speech and hearing centers, audiological clinics

Montgomery County Treatment Center
(Easter Seal Society)
837 Sumneytown Pike
Lansdale, Pa. 19446
telephone: 699-7538

The Center conducts a special program for mentally or physically handicapped children aged 3 to 6, with or without retardation.

Huntingdon Valley Children's Development
and Training Program
(United Cerebral Palsy)
570 Welsh Road
Huntingdon Valley, Pa. 19006
telephone: WI7-3848

This is a therapy program (no diagnosis) for developmentally disabled, brain injured, mentally retarded, physically handicapped, or multiply handicapped children, from 2 to 5½ years old.

What Services Does the Intermediate Unit Offer?

Essentially, while the local school district has the responsibility to see that each physically handicapped child secures a program of education and training appropriate to his needs, some of these services are provided by the Intermediate Unit. If the child is in school, parents who have questions regarding his program should contact the teacher who works directly with the child. However, if you need additional information, contact the program supervisor or the **Director of Special Pupil Services** in your local school district.

If you have questions or concerns about finding an appropriate *preschool* program for your child, contact first the **Director of Special Pupil Services** in your local school district. If you need further information, contact:

Mr. Peter Boardman
Assistant Director of Special Education
Montgomery County Intermediate Unit
1630 West Marshall Street
Norristown, Pa. 19401
telephone: 539-8550

The Physically Handicapped Program: The Intermediate Unit operates six classes for PH children at the Montgomery County School for Physically Handicapped Children in Norristown. Students range in age from 5 through 21 years and are referred to the program through their local school district with psychological and medical evaluation.

The program aims to provide an education suited to each individual level of intellectual functioning, at the same time considering the child's social and emotional needs and helping him to become as independent as possible. Depending upon the individual, the program's goal is to return the child to a general education program in his local school district. When a child is returned to his district, consultation establishes an appropriate educational program.

During the PH program each student receives services individualized to meet his educational and emotional needs. In addition, physical, occupational, and speech therapies are provided in order to successfully accommodate the student in the classroom setting. Throughout the child's enrollment, ongoing evaluations measure his progress and aid in educational programming. Parents of the students are given opportunities throughout the school year to meet with teachers and discuss their child's program, as well as other concerns.

Many conditions and degrees of orthopedic and other health impairments form the complex, varied category we term "physically handicapped" (PH). Because these conditions, most of them involving medical problems, are difficult to classify or describe, this brochure can offer only suggestions and guidelines for detecting and dealing with your child's problems. If you suspect he may be physically handicapped, consult first with your family doctor and follow his recommendations. You may then want to have your child evaluted or treated through one of the agencies listed here.

While the Montgomery County Intermediate Unit has no formal programs for *preschool* PH children, it does offer a comprehensive physically handicapped program once the child reaches school age (4 years, 7 months). This will be briefly described. In the meantime, we hope you and your child will benefit from the other preschool services noted here.

Defining the Physically Handicapped Child

The Intermediate Unit defines physically handicapped children as those who, "because of some orthopedic impairment, such as cerebral palsy, muscular dystrophy, spina bifida, or because of some other health impairment, cannot attend a regular classroom setting. Students with such problems possess a wide range of intellectual abilities as well as varying degrees of physical involvement ranging from severe to mild."

Frequently such children show a number of coexisting physical and/or emotional problems. For those who are considered "severely and profoundly retarded" and not truly educable, the Intermediate Unit also has multiply handicapped programs which group such children for instruction based on their common needs.

Signs and Symptoms of Physical Impairments in Preschool Children

Within the scope of a brochure, it is impossible to list all the orthopedic and health impairments, with their associated symptoms, that may afflict young children. Cerebral palsy alone, perhaps the most common of the diseases considered in the PH category, has five generally accepted types, plus numerous mixed conditions which occur. If you suspect the presence of an impairment, consult with your physician or contact one of the agencies listed below for counsel and help.

What Services Are Available for Preschool Physically Handicapped Children?

At present, neither the local school districts nor the Intermediate Unit provide diagnosis or therapy for preschool PH children. However, if you have consulted with your family doctor and know your child has a physical handicap, or if you suspect the presence of one, a number of alternatives are open to you. The following agencies will attempt to get you professional help in diagnosing your child's need and finding a suitable program for him.

First, contact the nearest Base Service Unit (BSU) of the County's Mental Health/Mental Retardation Program for direct help, counselling, therapy, guidance, and to register your child for services. The BSU will study your needs, help provide financial support if necessary, conduct a diagnosis, and make the appropriate referral. (All fees are on a sliding scale based on a person's ability to pay.) BSU's in Montgomery County:

Community Counselling Services
1314 High Street
Pottstown, Pa. 19464
telephone: 326-9250

Penn Foundation for Mental Health
Lawn Avenue
Sellersville, Pa. 18960
telephone: 257-6551

Community Organization for Personal Enrichment (COPE)
150 E. Butler Avenue
Ambler, Pa. 19002
telephone: 643-5522

Abington Hospital Mental Health/Mental Retardation Center
Old York Road
Abington, Pa. 19001
telephone: 885-4000, Ext. 413

Central Montgomery Mental Health/Mental Retardation Center
1100 Powell Street
Norristown, Pa. 19401
telephone: 277-4600

Lower Merion Community Mental Health/Mental Retardation Center
Suite 201, 3 E. Lancaster Avenue
Ardmore, Pa. 19003
telephone: 896-5340

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Montgomery County Child Welfare Services
One Montgomery Plaza
Norristown, Pa. 19404
telephone: 275-5000

Child Welfare Services provides, free of charge, information, screening, and referral for all children under 18 living in the County. They can put you in touch with the proper agencies and programs.

Pennsylvania Department of Health
750 East Johnson Highway
Norristown, Pa. 19401
telephone: 631-2280

The Department of Health operates two child health clinics, one in Norristown and one in Pottstown; call the above number for information. Two full-service orthopedic clinics are also available at:

Pottstown Hospital
(on the second Thursday of each month, 1-4 pm)
telephone: 326-2666

and

Abington Hospital
(on the second Friday of each month, 9-12 am)
telephone: TU7-2448

Muscular Dystrophy Association of America
7601 Castor Avenue
Philadelphia, Pa. 19152
telephone: FI2-5900

While the Association has no formal preschool programs, it does offer a free clinic with in-depth orthopedic services, diagnosis, counselling and guidance, testing, and therapy. These services are for muscular dystrophy and related neuromuscular diseases. The Association also runs summer and winter camps for children aged 7 and up.

Montgomery County Child Welfare Services
One Montgomery Plaza
Norristown, Pa. 19404
telephone: 275-5000

Child Welfare Services provides, free of charge, information, screening, and referral for all children under 18 living in the County. They can put you in touch with the proper agencies and programs.

What Services Does the Intermediate Unit Offer?

Essentially, the local school district has the responsibility to see that each MR child—EMR, TMR, or PMR—secures a program of education and training appropriate to his needs, and some of these services are provided by the Intermediate Unit. If the child is in school, parents who have questions regarding his program should contact the teacher who works directly with the child. However, if you need additional information, contact the program supervisor of the **Director of Special Pupil Services** in your local school district.

If you have questions or concerns about finding an appropriate *preschool* program for your child, contact first the **Director of Special Pupil Services** in your local school district. If you need further information, contact:

Mr. Michael Reilly (EMR)
Mr. William Towne (TMR)
Mr. Peter Boardman (PMR)
Montgomery County Intermediate Unit
1605-B West Main Street
Norristown, Pa. 19406
telephone: 539-8550

The Educable Mentally Retarded Program: Although the Intermediate Unit does not directly operate programs for EMR children, it does provide a variety of services to the local school districts, where the programs are run. The school psychologist makes the classification of handicap, then determines the most appropriate educational program on the basis of recommendations. As in all MR programs, the process by which referral and class placement is made is sequenced and mandated by Right to Education procedures.

The EMR curriculum is geared toward giving the child daily living skills. These include reading with a certain degree of skill and doing the math required for everyday, commonplace calculations—knowing something about coins and currency, banking, simple fractions, decimals, ratios, as well as addition, subtraction, multiplication, division. The program seeks out the survival skills and, with continuity, attempts to teach these in developmental fashion.

The program's ultimate goal is the employment of the student in the community; thus, the vocational aspect is made consciously prominent from Kindergarten on. While most students eventually find unskilled or semi-skilled jobs, occasionally some will have a particular flair for, say, auto mechanics and find their way into highly skilled work. Vocational-technical programs, largely nonverbal and hands-on oriented, are designed for such students. All students are given the minimum academic requirements for pursuing and getting a job, as well as attitudes toward work and social skills—getting along with others, taking direction and criticism, growing on the job. These are part of the curriculum from the time the child is 6 and identified as an EMR youngster.

The Trainable Mentally Retarded Program: While most services to TMR children are district-operated programs, in many cases they are conducted with Intermediate Unit supervision. Besides the 15 classes for TMR children which it operates throughout the County, the Intermediate Unit provides, when requested, consultative and supervisory services to the local school districts' TMR classes.

In order to help the TMR child function semi-independently or independently on a socially acceptable level, the program teaches self-care, communication skills, basic academic skills, and family living skills. In addition, wherever possible it includes prevocational and vocational skills. Itinerant special education services, such as speech and vision therapies, are also provided when necessary.

The Severely and Profoundly Mentally Retarded Program: Generally with PMR children, many physical and emotional problems coexist. In order to treat these children most effectively, the Intermediate Unit tries to break its PMR classes into subgroups, recognizing the presence of multiple handicaps. Children are grouped for instruction based on their common needs, and the emphasis of each child's program depends on the severity of his retardation. The general educational goal of the program is to reduce the amount of dependency in the individual. Yet most PMR children will probably have to remain in a protected setting throughout their lives.

Montgomery County Intermediate Unit
Executive Director . . . . . Dr. Dennis Hartzell
Director of Special Education . . . . . Dr. Lester Mann
Project Director . . . . . Dr. Robert H. Lutz

MONTGOMERY COUNTY INTERMEDIATE UNIT

Lutz

Services for Preschool Mentally Retarded Children in Montgomery County

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this project supported through title VI funds from public law 89-313

The complex condition known as "mental retardation" stems from many different causes and manifests itself in many forms, at many levels. What follows in this brochure must be, to some degree, a simplification of this condition, since innumerable textbooks have been written on the diagnosis and treatment of mental retardation (MR). What we can offer are some guidelines for detecting and dealing with your child's problems, if you suspect he may be mentally retarded. While the Montgomery County Intermediate Unit has no formal programs for *preschool* MR children, it does offer, along with the school districts, a wealth of services once the child reaches school age (4 years, 7 months). These will be briefly described. In the meantime, we hope you and your child will benefit from the other preschool services noted here.

Defining Mental Retardation

The broad 1961 definition of the American Association on Mental Deficiency (AAMD) is generally adopted, in Pennsylvania and nationally, as the standard: "Mental retardation refers to (1) subaverage general intellectual functioning, (2) which originates during the developmental period, and (3) is associated with impairments in adaptive behavior."

(1) **subaverage intellectual functioning** is generally determined by performance on a standardized intelligence (IQ) test.

(2) **the developmental period** means any time during the first 16 years of life, "the formative years."

(3) **impairments in adaptive behavior:** During preschool years this means a slow rate of development in such sensory-motor or maturational skills as sitting up, walking, and talking; during school years, impaired learning, or academic ability, would be the criterion; and, in adult life, poor social adjustment or inability to earn a living.

By emphasizing both intelligence and behavior, as well as time of onset, this definition requires that all three criteria must be met before a person is labeled MR. Pennsylvania State Standards use basically these same criteria and classify retarded children into three general groupings by educational potential (IQ scores). One should note, however, that the IQ score is only one factor considered in determining an appropriate program for the child.

Educable mentally retarded children are children who exhibit difficulties in their adaptive behavior as a result of subaverage intellectual functioning which occurred during their formative years. Difficulties are usually exhibited in learning and social adjustment. Children who are considered for this program receive a complete psycho-educational evaluation by a certified school psychologist. Those children whose estimated IQ's range between 55 and 80 can be considered possible candidates.

Trainable mentally retarded students are those whose adaptive behavior is significantly impaired as a result of a subaverage functioning which occurred during their formative years. In order to be placed in such a program, children must be given a thorough psycho-educational evaluation by a certified school psychologist. Children who obtain an IQ of below 55 may be considered for such a program.

Severely and profoundly mentally retarded children: [These standards are in the process of being written, but have not yet been released by the State Department of Education.]

The Signs and Symptoms of Mental Retardation in Preschool Children

Here we are dealing primarily with "adaptive behavior" characteristics, not the other two criteria of definition. Typically, those preschool children classified as "educable" (EMR) and "trainable" (TMR) will not exhibit overt behavior much different from that of other children of their chronological age. The main difference is that the EMR child has a reduced capacity to learn and learns at a slower rate; the TMR child's capacity and rate is further reduced. "Severely and Profoundly" (PMR) retarded children, on the other hand, frequently have physical or sensory impairments and often may look and act discernibly different from normal children.

EMR preschoolers may be slow in walking, talking, and learning self-care skills, but their behavior is usually no different from that of average children; hence, if retardation is a problem it may remain undetected before the child enters school. Such children may have short attention spans and, perhaps because of that, show some hyperactivity.

TMR preschoolers, unlike EMR children, generally do exhibit developmental problems early in infancy or the preschool years. TMR children frequently fail to acquire self-care skills; their toilet training will be minimal. They typically need training in these skills and in language development but usually learn to walk, speak simply, and feed themselves. In most cases, they will be able to perform only the most basic academic tasks at the first-grade level.

PMR preschoolers may fail to acquire walking and feeding skills, toileting, speaking, or other self-care skills at this age. Most are usually quite dependent on others for their existence and frequently are placed in custodial care.

What Services are Available for Preschool Retarded Children?

At present, neither the local school districts nor the Intermediate Unit provide diagnosis or therapy for preschool MR children. However, if you have consulted with your family doctor and know your child is retarded, or if you suspect a retardation problem, a number of alternatives are open to you. The following agencies will attempt to get you professional help in diagnosing your child's need and finding a suitable program for him.

First, contact the nearest Base Service Unit (BSU) of the County's Mental Health/Mental Retardation Program for direct help, counselling, therapy, guidance, and to register your child for services. BSUs have been set up, on a county-wide basis in the state under the Department of Welfare, to deliver MR services which supplement those educational services provided by the Intermediate Unit and the public school agencies. But, *unless your child is registered with the BSU, he is not eligible for these services.* The BSU will study your needs, help provide financial support if necessary, conduct a diagnosis, and make the appropriate referral. (All fees are on a sliding scale based on a person's ability to pay.) BSUs in Montgomery County:

Community Counseling Services
1314 High Street
Pottstown, Pa. 19464
telephone: 326-9250

Penn Foundation for Mental Health
Lawn Avenue
Sellersville, Pa. 18960
telephone: 257-6551

Community Organization for Personal Enrichment (COPE)
150 E. Butler Avenue
Ambler, Pa. 19002
telephone: 643-5522

Abington Hospital Mental Health/Mental Retardation Center
Old York Road,
Abington, Pa. 19001
telephone: 885-4000, Ext. 413

Central Montgomery Mental Health/
Mental Retardation Center
1100 Powell Street
Norristown, Pa. 19401
telephone: 277-4600

Lower Merion Community Mental Health/
Mental Retardation Center
Suite 201, 3 E. Lancaster Avenue
Ardmore, Pa. 19003
telephone: 896-5340

Montgomery County Association for
Retarded Citizens (MARC)
109 East Main Street
Norristown, Pa. 19401
telephone: 272-0314

MARC represents retarded citizens of all ages, but has specific programs for aiding parents of the newborn retarded, as well as the infant and nursery-age retarded child. The Infant Motivation Program provides therapy and stimulation for the retarded infant from birth to age 3. The Preschool Nursery Program prepares the MR child, aged 3 to 4 years, 7 months, for a public school. Three or four of these Nursery Programs are operated at various locations; call the MARC office for information.

Family Service of Montgomery County
1 Plymouth Meeting Mall
telephone: 825-1520

Programs are provided to help parents through the adjustment difficulties and stresses of living with a handicapped child. Also, Family Service may be able to locate specific resources to help deal with a retarded child's handicap.

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Children's Aid Society
1314 DeKalb Street
Norristown, Pa. 19401
telephone: 279-2755

This is a voluntary child placing agency, primarily for full-time foster care and parent counselling. Parents may make application directly or be referred through Child Welfare Services or other health and welfare agencies.

A number of private schools in the County offer, at a charge, preschool programs for ED children. Contact the above agencies for help in finding an appropriate school program for your child.

What Services Does the Intermediate Unit Offer?

After your child enters school, he will be eligible for transfer into the ED program, whose goals are to provide supportive services and an individualized educational program for each child, according to his need, as well as support to parents. Children who may be possible candidates for the program are referred by their local school district after a complete psychological and educational evaluation. Psychologists and psychiatrists evaluate and monitor their progress; social workers maintain a liaison between school and family; and itinerant master teachers and other specialists work continually with teachers, small groups of students, and individual students.

In general, the ED program aims to help the child acquire an understanding of himself and his worthiness as a part of society, to re-integrate him into his regular classroom curriculum, and to prepare him for the world of work. Personally, the child should hope to acquire pride and confidence in himself, a measure of adaptability in adjusting to stress or difficulty, and a positive response to others. Academically, the ED elementary program stresses language arts and mathematics. The children are integrated into regular classes for social studies, science, and health education as they are able; modified units in these subjects are taught in self-contained classes when the students cannot handle them in regular classes. All students are eligible to receive the same specialized services in music, art, and physical education as students in regular classes, though in certain cases the Intermediate Unit special teacher provides the program in these areas. Parents are asked to attend group meetings and individual conferences with the staff in order to participate in educational planning for their child and broaden their understanding of his learning problems.

If you have questions or concerns about finding an appropriate preschool program for your child, contact first the **Director of Special Pupil Services** in your local school district. If you need further information, contact:

Mrs. Nancy Anderson
Assistant Director of Special Education
Montgomery County Intermediate Unit
1605-B West Main Street
Norristown, Pa. 19401
telephone: 539-85[illegible]

Montgomery County Intermediate Unit
Executive Director . . . . . Dr. Dennis Harken
Director of Special Education . . . . . Dr. Lester Mann
Project Director . . . . . Dr. Robert H. Leiss

MONTGOMERY COUNTY INTERMEDIATE UNIT

Leiss

Services for Preschool Emotionally Disturbed Children in Montgomery County

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this project supported through title VI funds from public law 89-313

If you suspect that your child may be socially or emotionally disturbed, this brochure, prepared by the Montgomery County Intermediate Unit, may offer some guidance in detecting and dealing with his problems. Although the Intermediate Unit has no formal programs for socially and emotionally disturbed (ED) *preschool* children, it offers a wealth of services once a child reaches school age (4 years, 7 months). These will be briefly described. In the meantime, we hope you and your child will benefit from the other services noted here.

What Children Are Socially and Emotionally Disturbed?

Defining these kinds of behavioral disabilities is complicated by at least two factors—the social/cultural and the psychological/educational. What is considered deviant behavior varies, not only from culture to culture, but according to the expectations of the observer of that behavior. Furthermore, parents, teachers, principals, and psychologists each may bring a different point of view, or bias, to bear in defining that behavior as "inappropriate" or "unacceptable." In very young children parents should consider just how excessive, severe, or chronic is the behavior in question—which may range from impulsive and aggressive acts to depression and withdrawal.

The State's definition is as follows:

Children are construed to be socially and emotionally disturbed when their reactions to life situations are so personally unrewarding and so inappropriate as to be unacceptable to their peers and adults.

For purposes of special education, socially and emotionally disturbed children are those who because of mental illness or psychological stress may exhibit overt behavior deviating from aggressive destruction to morbid withdrawal, and, therefore, benefiting more from placement in a special classroom.

What are the Signs and Symptoms of Social and Emotional Disability?

A large number of "normal" children behave in ways common to ED children (showing fearfulness, destructiveness, hyperactivity, for instance) but are never labeled "ED" because the behavior in question is infrequent, without pattern, or relatively mild. Parents on the lookout for the following symptoms, therefore, need to observe and judge them with an eye to their frequency, pattern, and severity.

The child may be **acting out**, that is, aggressively expressing his unconscious impulses and showing very poor behavioral control. Many people feel that emotional disturbance is equivalent to acting out and that the ED child automatically causes behavioral difficulties, but this is not necessarily so. Only about 25% of diagnosed ED students in Intermediate Unit programs are aggressively acting out.

The youngster may exhibit various forms of **hyperactivity or anxiety**: an exaggerated reaction to stimuli in his environment, difficulty in controlling his impulses, difficulty in concentrating, a lack of attention, an inability to sit still—all without being aggressive. About 50% of our diagnosed ED students show anxiety of this kind.

The child may be **withdrawn**, that is, he may find it especially difficult to understand the realities of his environment, what real-life expectancies are. Consequently, he tends to show loss of contact with reality, and may be disordered in thought, feeling, speech, or conduct. Perhaps 25% of our ED children fit into this category.

What Services Are Available for Preschool ED Children?

At present, neither the local school districts nor the Intermediate Unit provide diagnosis or therapy for preschool ED children. However, if you suspect a problem in your child, a number of alternatives are open to you. The following agencies will attempt to get you professional help in diagnosing your child's need and finding a suitable program for him.

Contact the nearest Base Service Unit (BSU) of the County's Mental Health/Mental Retardation Program for direct help, counselling, therapy, or guidance. The BSU will study your needs, help provide financial support if necessary, conduct a diagnosis, and make the appropriate referral. BSU's in Montgomery County:

Community Counseling Services
1314 High Street
Pottstown, Pa. 19464
telephone: 326-9250

Penn Foundation for Mental Health,
Lawn Avenue
Sellersville, Pa. 18960
telephone: 257-6551

Penn Foundation has a preschool and Kindergarten program for children with ED or developmental problems.

Community Organization for Personal Enrichment (COPE)
150 E. Butler Avenue
Ambler, Pa. 19002
telephone: 643-5522

Abington Hospital Mental Health/
Mental Retardation Center
Old York Road
Abington, Pa. 19001
telephone: 885-4000, Ext. 413

Central Montgomery Mental Health/
Mental Retardation Center
1100 Powell Street
Norristown, Pa. 19401
telephone: 277-4600

Lower Merion Community Mental Health/
Mental Retardation Center
Suite 201, 3 E. Lancaster Avenue
Ardmore, Pa. 19003
telephone: 896-5340

Montgomery County Child Welfare Services
One Montgomery Plaza
Norristown, Pa. 19404
telephone: 275-5000

Child Welfare Services provides, free of charge, information, screening, and referral for all children under 18 living in the County. They can put you in touch with the proper agencies and programs.

Montgomery County Comprehensive Day Care Program
Montgomery County Court House
Norristown, Pa. 19404
telephone: 277-4240-1

Contact this office to discuss your needs and get advice in placing your child in a family day care home or center in the County.

dates for either program are referred by their local school district. Goals of the BI program include working with the child's behavioral and emotional problems, as well as improving his academic skills. BI children often require extended, intensive help. The goal of the LD program is to improve the child's academic skills to the point where he may be reintegrated into the regular classroom setting. The LD program generally lasts two years for each child, after which he returns to his regular class, hopefully on a full-time basis. While some children continue to need support, the LD program has achieved its goal with a large majority of its students.

Before he enters a BI/LD class, the child is given a neurological examination and is evaluated psychologically and educationally in order to plan his program. Throughout his enrollment, his progress is measured and followed up. Each child's program is individualized to meet his needs according to two models: 1) **Self-contained classes** provide intensive instruction in reading, mathematics, spelling, handwriting, and language skills (social studies and science too in BI classes) for the full day, but children go out to regular classes for music, art, gymnastics, and library study. 2) Mildly handicapped children are assigned to a regular classroom but come to the BI/LD **resource room** at specific times for special training. Parents are asked to attend evening sessions conducted by the program staff in order to participate in educational planning for their child and broaden their understanding of his learning problems.

If you have questions or concerns about finding an appropriate preschool program for your child, contact first the **Director of Special Pupil Services** in your local school district. If you need further information, contact:

Dr. Libby Goodman
Special Education Center
Montgomery County Intermediate Unit
1605-B West Main Street
Norristown, Pa. 19401
telephone: 539-8550

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If you suspect that your child is brain injured or has a learning disability, this brochure, prepared by the Montgomery County Intermediate Unit, may offer some guidance in detecting and dealing with his problems. Although the Intermediate Unit has no formal programs for brain injured/learning disabled (BI/LD) *preschool* children, it offers a wealth of services once a child reaches school age (4 years, 7 months). These will be briefly described. In the meantime, we hope you and your child will benefit from the other services noted here.

Who Are the Brain Injured and Learning Disabled?

Brain injured/learning disabled children possess normal or above-average intelligence but exhibit certain *behavioral* or *learning* disabilities resulting from deviations in the function of the central nervous system. Besides demonstrating behavioral problems, such as lack of attention and poor control of impulses and motor functions, the child may be deficient in understanding or using language, spoken or written. He may be imperfectly able to listen, think, speak, read, write, or do arithmetic. When there is a significant discrepancy between his educational ability and achievement, the child may be identified as "learning disabled." This category includes such conditions as perceptual handicaps, minimal brain dysfunction, dyslexia, and developmental aphasia. It does not include those children whose learning problems result primarily from visual, hearing, or motor handicaps, from mental retardation, emotional disturbance, or environmental disadvantage.

What Are the Signs and Symptoms of Brain Injury or Learning Disability in Preschool Children?

Parents on the lookout for the following signs should understand that most of them are relative. That is, the parent's perception of the child's "difficulty" will be much influenced by how that parent views what is "normal" for, say, a 4-year-old, how severe the problem seems, how the child stands with respect to his peers, and how the parent handles changes in the child's behavior. Parents should consider the following areas, which overlap to some extent:

Language: BI/LD children typically have language problems—not in articulation, which can be handled by speech therapy, but in language that is awkward in structure, excessive, restrictive or strange, lagging behind that of the child's peers in, for example, number of words used. The BI/LD child is typically a youngster who understands but is not very expressive, or meaningfully expressive.

Orientation: Any child should have a certain perception of who he is and how to get around and function within his own environment. BI/LD children, however, may show physical or social disorientation: They tend not to see patterns, relations between things; they may be detached or unable to follow simple directions. They may be excessively clumsy in fine or gross motor skills: A 4-year-old, for instance, should be able to master certain skills—if not tie his shoe, at least get into his coat. Also, the BI/LD youngster tends to hate change; he needs a great deal of structure in his environment in order to function effectively. If the parent moves the child's bed to a new location in the room, for example, the youngster may get disorganized and have difficulty adjusting.

Behavior: Such children are usually, though not always, hyperkinetic or hyperactive, sometimes explosive, erratic, or uninhibited. Usually they will demonstrate poor impulse control and have difficulty in delaying gratification. Occasionally, however, the BI/LD child will be very quiet and withdrawn.

Learning: Ordinarily, the BI/LD child will have difficulty with some kinds of sequencing and may tend to perseverate (repeat an activity over and over). One of his most characteristic traits is to perform well on an activity one day, and the next day be unable to repeat the task. A parent might be concerned if the child has never been taught or exposed to letters, a book, color words, or has no interest in these things. And, by the time he is ready for school, he should know some kinds of basic information—perhaps how old he is to the year, his name, the town he lives in, etc.

What Services Are Available for Preschool BI/LD Children?

At present, neither the local school districts nor the Intermediate Unit provide diagnosis or therapy for preschool BI/LD children. However, if you suspect a problem in your child, a number of alternatives are open to you. The following agencies will attempt to get you professional help in diagnosing your child's need and finding a suitable program for him.

Delaware Valley Association for
Children with Learning Disabilities
P.O. Box 2913
Philadelphia, Pa. 19126
telephone: OR6-2424

Primarily a referral agency, the DV-ACLD also publishes a **Directory of Remedial Day Schools** ($2.50) which lists a number of private schools with preschool programs. Contact them for this and for further information.

Montgomery County Child Welfare Services
One Montgomery Plaza
Norristown, Pa. 19404
telephone: 275-5000

Child Welfare Services provides, free of charge, information, screening, and referral for all children under 18 living in the County. They can put you in touch with the proper agencies and programs.

Montgomery County Comprehensive
Day Care Program
Montgomery County Court House
Norristown, Pa. 19404
telephone: 277-4240-1

Contact this office to discuss your needs and get advice in placing your child in a family day care home or center in the County.

Children's Aid Society
1314 DeKalb Street
Norristown, Pa. 19401
telephone: 279-2755

This is a voluntary child placing agency, primarily for full-time foster care and parent counselling. Parents may make application directly or be referred through Child Welfare Services or other health and welfare agencies.

What Services Does the Intermediate Unit Offer?

After your child enters school and reaches age 6, he will be eligible for transfer into either the BI program, if he has behavioral and emotional difficulties associated with his learning problems, or the LD program, if his difficulties are more purely concerned with learning. Children who may be possible candi-

APPENDIX P

INFORMATIONAL RELEASE PROVIDED
TO A STATE AGENCY

Leiss 123

MONTGOMERY COUNTY INTERMEDIATE UNIT

Special Education Center

1605-B WEST MAIN STREET, NORRISTOWN, PENNSYLVANIA 19401 PHONE 215-539-8550

April 14, 1976

Mr. Carl Thornton
Federal Projects Advisor
Division of Special Education
Box 911
Harrisburg, Pa. 17126

Dear Mr. Thornton:

To keep you fully apprised of what is happening on the Title VI Project No. 48-05023-46-380, "Initiation of Services to Children Not Previously Served," I am enclosing a release provided recently to a Harrisburg agency. The enclosed information release of March 17, 1976, provides you with a brief picture of what has occurred on the project during the year.

If you have any questions, please contact me or Dr. Leiss.

Sincerely,

Barton B. Proger

Barton B. Proger, Ed.D.
Coordinator of Federal
Projects in Special
Education

BBP/mcm
Enclosure
cc: Dr. Mann
Dr. Leiss
Mrs. Simons

SPECIAL EDUCATION-BLUE LINE COMMUNICATION

Leiss

124

MONTGOMERY COUNTY INTERMEDIATE UNIT

Special Education Center

1605-B WEST MAIN STREET, NORRISTOWN, PENNSYLVANIA 19401 PHONE 215-539-8550

March 17, 1976

Mr. Neale Clark, Information Coordinator
Developmental Disabilities Council
2101 North Front Street, Building 4
Harrisburg, Pennsylvania 17110

Dear Mr. Clark:

The information which you requested on the Montgomery County Intermediate Unit's Title VI program is attached. Could you please send a copy of the release that will include the program description?

Thank you.

Sincerely,

Leslie A Gerhard

LESLIE A. GERHARD (MRS.)
INFORMATION MANAGER, TITLE VI

LAG/cs

Attachment

SPECIAL EDUCATION-BLUE LINE COMMUNICATION

PROJECT FOR SERVICES TO HANDICAPPED CHILDREN

NOT PREVIOUSLY SERVED

MONTGOMERY COUNTY INTERMEDIATE UNIT, TITLE VI

Historically, the school districts and Intermediate Units in Pennsylvania have provided only minimal services for preschool handicapped children due to a lack of sufficient funding. In recognition of the needs of the unserved and underserved handicapped children in Pennsylvania, the Pennsylvania Department of Education provided federal funds to develop appropriate educational programs and services. In the Montgomery County Intermediate Unit, Title VI funds were utilized to develop a project for the identification, tracking, and provision of programs and/or services to preschool handicapped children.

The purpose of the identification process is to locate children in the county who are in need of special education services. Identification of the preschool handicapped children is being accomplished in many ways: advertising, visitations, mailing of information, requesting census information from the school districts, and checking the Intermediate Unit's files. In particular, public service announcements were submitted to six television stations and nine radio stations. The school districts were contacted to identify any preschool handicapped children known to them either through the annual census or through private school placement. The Intermediate Unit's files for private school placement were also checked for preschool children. Hospitals were visited to introduce the project to those professional people who are a resource of information to parents who suspect a handicapping problem in their children. The area Mental Health/Mental Retardation centers and the Montgomery Association for Retarded Citizens (MARC) were also visited. Brochures describing the project were mailed to all physicians in Montgomery County through the aid of the Medical Society. Osteopathic doctors were included in the mailing. Parents of handicapped children already in preschool programs were informed of additional services by the project staff members.

After the children have been identified, the parents are contacted in order to place the children on a tracking system. The tracking system includes contact by the information manager to secure basic information such as a child's full name, birth date, school district of residence, parents or legal guardians, address and telephone number. The information manager then makes an appointment for the case manager to visit the parents to complete a developmental history. The tracking system is a means of keeping all the information in a child's folder up-to-date until the child reaches his twenty-first birthday, so that the best possible educational services are being provided. The tracking system will eventually be included on a computerized system to facilitate the vast amount of information that has been gathered.

Upon completion of identification and placement upon the tracking system, further services are made available to the parents of the child. To assist in providing such services, the information collected on a particular child is discussed with the staff psychologist. If warranted, the psychologist performs a detailed evaluation. The psychologist will discuss the results of the evaluations with the parents and advise them as to which programs available within the county would best serve the child's needs. Placement is considered first at the local school district level and then referred at the Intermediate Unit level. If this is not possible, noneducational agencies or state-approved private schools are contacted. Only if all efforts in the above areas are not successful will referral be directed toward private schools.

The efforts in identification, tracking, and providing programs and/or services have been successful. Thus far a total of 135 preschool handicapped children have been identified. Of these, seventeen were contacted through the advertising and are a priority for services, as they had not been previously identified nor included in programs. The total number is increasing daily through the cooperation of various preschool organizations. Identification information is included in the tracking system. The information from the evaluations and programs or services suggested for each child is kept with his/her file for continual follow-through and to insure that each child is receiving maximum benefits from the project.

APPENDIX Q

SURVEY OF RELATED SERVICES AND PROGRAMS WITHIN MONTGOMERY COUNTY

MONTGOMERY COUNTY INTERMEDIATE UNIT
PRE-SCHOOL EXCEPTIONAL CHILDREN
TITLE VI
TO AID IN TRACKING OF EXCEPTIONAL CHILDREN

DATE: TELEPHONE:

AGENCY: ADDRESS:

PERSON INTERVIEWED:

PRIMARY INTAKE PERSON:

1) What types of exceptional children do you serve?

Educable Mentally Retarded _____

Trainable Mentally Retarded _____

Severely/Profoundly Mentally Retarded _____

Socially & Emotionally Disturbed _____

Physically Handicapped _____

Brain Injured (L.D.) _____

Hearing Impaired _____

Visually Impaired _____

Speech & Language Impaired _____

Gifted _____

Other (Specify) _____

2) How do you have parental involvement in your program?

(a) Type

Group ___

Family Counceling ___

Individual ___

(b) Frequency

Weekly ___

Monthly ___

Yearly ___

As Needed ___

Other ___

3) Where do your referrals originate?

Social Agencies _____

Churches _____

Hospitals _____

Families _____

Family Physician _____

School _____

Other _____

4) What kinds of professional services are offered by your Agency?

Social Services _____

Teacher Areas _____

Physicians _____

Psychiatrist _____

Psychologist _____

Hearing Specialist _____

Vision Specialist _____

Speech Pathologist _____

P.T. _____

O.T. _____

Other _____

5) In what ways is the effectiveness of your program evaluated?

Internal _____ By Whom _____

External _____ By Whom _____

6) Source of program funds?

Self Initiated Campaign _____

State _____

Federal _____

Foundations _____

United Fund _____

Endowment _____

Parental Resources _____

Other _____

(z) What are the costs to parents?

7) Do you have a day program?

Yes _____ No _____

8) If you have a residential program, what is the staff/child ratio?

What are the costs to parents?

9) What types of information are required for a referral?

Psychological Report _____

Psychiatric Report _____

Social History _____

Medical _____

Other _____

(a) Does the agency do the work-up? Yes _____ No _____

(b) If no, who does? _____

(c) How quickly can a child be evaluated? _____

(d) What are the costs to parents? _____

(e) How long does it take to get a child involved in the program?

2 Weeks _____

1 Month _____

3 Months _____

Other _____

10) What behaviors are expected of a child?

11) Are there any religious or racial requirements?

Yes _____

No _____

Specify _____

12) What are the age groups of children served?

0 - 2 Years _____

3 - 5 Years _____

6 - 10 Years _____

11 - 15 Years _____

16 - 21 Years _____

Over 21 Years _____

13) Who accepts calls for intake referrals?

Name _____

14) Does the intake person follow through with each placement referral?

Yes _____

No _____

Name _____

15) Suggestions or comments?

(a) What suggestions could you offer for a tracking system?

(b) What suggestions for a referral system?

OTHER COMMENTS:

APPENDIX R

RELATED SERVICE AGENCIES CONTACTED DURING AWARENESS CAMPAIGN AND LATER USED FOR INFORMATIONAL PURPOSES

MONTGOMERY COUNTY INTERMEDIATE UNIT

TITLE VI - RESOURCE AGENCIES

AGENCY	ADDRESS
1. Abington Hospital MH/MR Center	Abington, Pennsylvania
2. Catholic Social Service	1339 Sandy Street, Norristown, Pa. 19401
3. Central Montgomery Day Care	1100 Powell St., Norristown, Pa. 19401
4. Central Montgomery MH/MR Center	1100 Powell St., Norristown, Pa. 19401
5. Child Development Center	1605 W. Main St., Norristown, Pa. 19401
6. Child Welfare	One Montgomery Plaza, Norristown 19401
7. Children's Aid Society	1314 DeKalb St., Norristown, Pa. 19401
8. Children's Developmental Training Program United Cerebral Palsy Association	Trinity Luthern Church, Main St. & Valley Forge Rd., Lansdale, Pa. 19446
9. Children's Hospital of Philadelphia	One Children's Center, 34th St. and Civic Center Blvd., Phila., Pa. 19104
10. Community Day Care Association, Inc.	Marshall & High Streets, Washington School Building, Norristown, Pa. 19401
11. Conshohocken Day Care Center	5th Harry Street Conshohocken, Pa. 19428
12. COPE - Ambler MH/MR	150 East Butler, Ambler, Pa.
13. Day Care Association of Montgomery County	25 Skippack Pike, Broad Axe, Pa. 19003
14. The Devereux Foundation	19 S. Waterloo Rd., Devon, Pa. 19333
15. Don Guanella School	Sproul Road, Springfield, Pa. 19064
16. Early Childhood Consultation/ Education Project	ECCEP 612 Fayette Street Conshohocken, Pa. 19428
17. Elwyn Institute	Elwyn, Pa. 19063
18. Happy Hill	Rt. 202, Box 314, Gwynedd Valley 19437
19. Health Welfare Council	319 DeKalb St., Norristown, Pa. 19401
20. Holland School	Walnut Lane, Norristown, Pa. 19401
21. Jewish Family Service of Philadelphia	1301 Spencer St., Philadelphia, Pa. 19141
22. Lower Merion MH/MR Center	3 E. Lancaster Avenue, Ardmore, Pa. 19003
23. Lynch Home for Special Children	205 Krewson Terrace, Willow Grove, Pa.

AGENCY	ADDRESS
24. MARC Programs:	
Fawns Nursery School	750 N. Evans St., Pottstown, Pa. 19464
Infant Motivation Program	Camp Hill Rd. & Bethlehem Pike
Lambs Nursery School	Plymouth Valley Baptist Church, 705 Germantown Pike, Norristown 19401
Twigs Nursery, St. Thomas Church	Camp Hill Rd. & Bethlehem Pike, Fort Washington, Pa.
25. The Melmark School	Wayland Road, Berwyn, Pa. 19312
26. Montgomery County Association for the Blind	704 West Marshall St., Norristown 19401
27. Montgomery County Board of Assistance (Social Service Department)	506 West Marshall St., Norristown 19401
28. Montgomery County Rehabilitation Center Easter Seal Treatment Center	837 Sumneytown Pike Lansdale, Pa. 19446
29. Montgomery County School for Impaired-Hearing Children	Gwynedd Mercy College
30. Montgomery County State Health Centers	750 East Johnson Highway, Norristown 19401
31. Montgomery Family Service (Family Services)	One Plymouth Meeting, Room 600 Plymouth Meeting Mall Plymouth Meeting, Pa. 19462
32. North Hills Day Care Center	212 Girard Avenue, North Hills, Pa.
33. Penn Foundation Nursery School	Lawn Avenue, Sellersville, Pa. 18960
34. Pottstown Area MH/MR Center	1314 High St., Pottstown, Pa. 19464
35. Pottstown Day Care Center	Beech & Grant Sts., Pottstown 19464
36. Spring-Ford Area MH/MR Center	594 Church St., Royersford, Pa. 19468
37. St. Christopher's Hospital (Handicapped Unit)	2603 N. 5th St., Philadelphia Pa.
38. St. Edmond's Home for Crippled Children	320 S. Roberts Rd., Rosemont 19010
39. St. Mary of Providence School	Elverson, Pennsylvania
40. The Timothy School	625 Montgomery Avenue Bryn Mawr, Pennsylvania 19010
41. The Visiting Nurse Association of Norristown & Vicinity	1109 DeKalb St., Norristown, Pa. 19401
42. Ben Williams - Director of Vision Services Special Education Center	Montgomery County Intermediate Unit 1605-B West Main St., Norristown 19401

AGENCY	ADDRESS
43. Wordsworth Academy	Pennsylvania Ave. & Camp Hill Road Fort Washington, Pennsylvania 19034
44. Child Day Care Center of the Main Line	36 Ardmore Avenue, Ardmore, Pa. 19003
45. Norristown Day Care Center	Arch & Basin St., Norristown, Pa. 19401
46. Jenkintown Day Nursery	Hilltop & Baeder Rd., Jenkintown, 19046
47. Crestmont Day Care Center, Inc.	College Ave. & Walsh Road Willow Grove, Pa. 19090
48. Ambler Day Care Center	Church of the Messiah, Route 202 Gwynedd, Pa. 19436
49. Overbrook School for the Blind	6333 Malvern Avenue Philadelphia, Pa. 19151
50. Upsal Day School for Blind Children .	220 W. Upsal Street Philadelphia, Pa. 19119